## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF GEORGIA                    | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ■ Chapter 13                    | Check if this an amended filing |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourse  | lf   |   |
|-----|--|--|---|
|     |  | About Debtor 1:                              | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is   | s on Scott                                   |   |
|     | your government-issued picture identification (for example, your driver's                                      | red First name                               | First name                                    |
|     |  | S Allen                                      |   |
|     | license or passport).  | Middle name                                  | Middle name                                   |
|     | Bring your picture   | Roby   |   |
|     | identification to your meeting with the trust  | ee. Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you used in the last 8 ye  |  |   |
|     | Include your married maiden names.   | or   |   |
| 3.  | Only the last 4 digits your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3036                                  |   |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 2 of 61 Case number (if known)

Debtor 1 Scott Allen Roby

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 4426 Shale Way<br>Union City, GA 30291  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Fulton<br>County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 3 of 61

Debtor 1 Scott Allen Roby Case number (if known)

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                   |                                      |  |   |  |  |  |
|-----|---|---|-----------------------------------|--------------------------------------|--|---|--|--|--|
|     | choosing to file under  | ☐ CI  | hapter 7                          |                                      |  |   |  |  |  |
|     |   | □ CI  | hapter 11                         |                                      |  |   |  |  |  |
|     |   | □ cı  | hapter 12                         |                                      |  |   |  |  |  |
|     |   | ■ CI  | hapter 13                         |                                      |  |   |  |  |  |
| 8.  | How you will pay the fee  |   | about how yo                      | u may pay. Typ<br>attorney is subr   | ically, if you are paying the fee yo                                     | k with the clerk's office in your local court for more deta<br>ourself, you may pay with cash, cashier's check, or mon<br>alf, your attorney may pay with a credit card or check wi |  |  |  |
|     |   |   |                                   |                                      |  | on, sign and attach the Application for Individuals to Pay  |  |  |  |
|     |   |   | •                                 |                                      | s (Official Form 103A).  | n only if you are filing for Chapter 7. By law, a judge ma  |  |  |  |
|     |   |   | but is not req<br>that applies to | uired to, waive y<br>your family siz | your fee, and may do so only if yo<br>ze and you are unable to pay the f | ur income is less than 150% of the official poverty line see in installments). If you choose this option, you must Official Form 103B) and file it with your petition.              |  |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No  | ).                                |                                      |  |   |  |  |  |
|     | last 8 years?   | ☐ Ye  | s.                                |                                      |  |   |  |  |  |
|     |   |   | District                          |                                      | When   | Case number   |  |  |  |
|     |   |   | District                          |                                      | When   | Case number   |  |  |  |
|     |   |   | District                          |                                      | When   | Case number   |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  | )                                 |                                      |  |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye  | es.                               |                                      |  |   |  |  |  |
|     |   |   | Debtor                            |                                      |  | Relationship to you   |  |  |  |
|     |   |   | District                          |                                      | When   | Case number, if known   |  |  |  |
|     |   |   | Debtor                            |                                      |  | Relationship to you   |  |  |  |
|     |   |   | District                          |                                      | When   | Case number, if known   |  |  |  |
| 11. | Do you rent your residence?   | ■ No  | Go to I                           | ne 12.                               |  |   |  |  |  |
|     | rediuerioe :  | □ Ye  | es. Has yo                        | ur landlord obta                     | nined an eviction judgment agains  | t you?  |  |  |  |
|     |   |   |                                   | No. Go to line                       | 12.  |   |  |  |  |
|     |   |   |                                   |                                      |  |   |  |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 4 of 61

Debtor 1 Scott Allen Roby

Case number (if known)

| Par   | Report About Any Bus  | sinesses `   | ou Own                            | as a Sole Propriet   | or  |  |  |  |
|---|---|--------------|-----------------------------------|--|---|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.        | Go to                             | Part 4.  |   |  |  |  |
|   |   | ☐ Yes.       | Name                              | and location of bus  | iness   |  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |              | Name                              | of business, if any  |   |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |              | Numb                              | er, Street, City, Stat   | e & ZIP Code  |  |  |  |
|   | it to this petition.  |              | Check                             | k the appropriate box  | x to describe your business:  |  |  |  |
|   |   |              |                                   | Health Care Busin  | ess (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|   |   |              |                                   | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|   |   |              |                                   | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|   |   |              |                                   | Commodity Broke  | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|   |   |              |                                   | None of the above  |   |  |  |  |
| Chapter 11 of the deadlines. If you indicate that you are |   |              |                                   | dicate that you are a<br>ow statement, and f<br>1)(B).   | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|   | For a definition of small   | No.          | I am not filing under Chapter 11. |  |   |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.        |                                   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
|   |   | ☐ Yes.       | I am f                            | iling under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |
| Pari  | Report if You Own or  | Have Any     | Hazardo                           | us Property or Any   | Property That Needs Immediate Attention   |  |  |  |
|   | <u> </u>  | _            | Tiazai ac                         | rus i roperty or Air   | Troperty mat recess immediate Attention   |  |  |  |
| 14.   | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■ No. □ Yes. | What is                           | the hazard?  |   |  |  |  |
|   | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |              |                                   | liate attention is<br>why is it needed?  |   |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |              | Where is                          | s the property?  | Number, Street, City, State & Zip Code  |  |  |  |
|   |   |              |                                   |  |   |  |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 5 of 61

Debtor 1 Scott Allen Roby

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

| About Debtor 2 | (Spouse | Only in a | Joint | Case) | ١ |
|----------------|---------|-----------|-------|-------|---|
|----------------|---------|-----------|-------|-------|---|

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 6 of 61

Debtor 1 Scott Allen Roby

Case number (if known)

| Par     | t 6: Answer These Questi  | ons for R   | eporting Purposes   |   |   |  |  |  |
|---------|---|---|---|---|---|--|--|--|
| 16.     | What kind of debts do you have?   | 16a.  | Are your debts primarily consur individual primarily for a personal,  |   |   | n 11 U.S.C. § 101(8) as "incurred by an  |  |  |
|         |   |   | ☐ No. Go to line 16b.   |   |   |  |  |  |
|         |   |   | Yes. Go to line 17.   |   |   |  |  |  |
|         |   | 16b.  | Are your debts primarily busines money for a business or investme   |   |   |  |  |  |
|         |   |   | □ No. Go to line 16c.   |   |   |  |  |  |
|         |   |   | ☐ Yes. Go to line 17.   |   |   |  |  |  |
|         |   | 16c.  | State the type of debts you owe th  | at are not consumer deb   | ts or business de   | bts  |  |  |
| 17.     | Are you filing under<br>Chapter 7?  | ■ No.   | I am not filing under Chapter 7. Go   | o to line 18.   |   |  |  |  |
|         | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses | ☐ Yes.  | I am filing under Chapter 7. Do you expenses are paid that funds will b   |   |   |  |  |  |
|         | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors?         |   | □ Yes   |   |   |  |  |  |
| 18.     | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-1<br>□ 200-9   | 99  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   |   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000  |  |  |
| 19.     | How much do you estimate your assets to be worth?   | □ \$100,  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million   |   | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion  |  |  |
| 20.     | How much do you estimate your liabilities to be?  | □ \$100,  | 50,000<br>101 - \$100,000<br>1001 - \$500,000<br>1001 - \$1 million   | □ \$10,000,001 - \$50 million □ \$1,000, □ \$50,000,001 - \$100 million □ \$10,000  |   | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion  More than \$50 billion   |  |  |
| Par     | t 7: Sign Below   |   |   |   |   |  |  |  |
| For you |   | If I have United Si If no atto documer I request I underst bankrupt 1519, and /s/ Scott A Signature | rates Code. I understand the relief a<br>rney represents me and I did not pa<br>it, I have obtained and read the noti<br>relief in accordance with the chapte<br>and making a false statement, conc<br>cy case can result in fines up to \$25 | n aware that I may procedurally an aware that I may procedure available under each charpy or agree to pay some of the control | ed, if eligible, und<br>pter, and I choose<br>one who is not an<br>. § 342(b).<br>es Code, specified<br>ning money or pro-<br>for up to 20 years<br>ure of Debtor 2 | er Chapter 7, 11,12, or 13 of title 11, et to proceed under Chapter 7.  attorney to help me fill out this d in this petition.  perty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 7 of 61

Debtor 1 Scott Allen Roby Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Darrell L. Bu         | rrow          | Date          | February 5, 2018    |  |
|---------------------------|---------------|---------------|---------------------|--|
| Signature of Attorn       | ey for Debtor |               | MM / DD / YYYY      |  |
| Darrell L. Burro          | w 097495      |               |                     |  |
| Printed name              |               |               |                     |  |
| Burrow & Asso             | ciates, LLC   |               |                     |  |
| Firm name                 |               |               |                     |  |
| 2280 Satellite B          | lvd.          |               |                     |  |
| Bldg. A, Suite 1          | 00            |               |                     |  |
| Duluth, GA 3009           |               |               |                     |  |
| Number, Street, City, Sta | te & ZIP Code |               |                     |  |
| Contact phone 678-        | 942-8640      | Email address | burrowlaw@yahoo.com |  |
| 097495 GA                 |               |               |                     |  |
| Bar number & State        |               |               |                     |  |

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 8 of 61

| Fill            | in this inform                                 | ation to identify you   | r case:   |   |  |   |  |  |  |  |  |  |
|-----------------|--|---|---|---|--|---|--|--|--|--|--|--|
| Deb             | tor 1  | Scott Allen Roby  | Middle Name   | Last Name   |  |   |  |  |  |  |  |  |
| Deb             | tor 2  | T IIST IVAITIE  | Wildule Name  | Last Name   |  |   |  |  |  |  |  |  |
| (Spot           | use if, filing)                                | First Name  | Middle Name   | Last Name   |  |   |  |  |  |  |  |  |
| Unit            | ed States Bar                                  | kruptcy Court for the:  | NORTHERN DISTRICT (   | OF GEORGIA  |  |   |  |  |  |  |  |  |
| Case<br>(if kno | e number                                       |   |   |   | _  | heck if this is an mended filing                      |  |  |  |  |  |  |
| Sta<br>Be as    | s complete a                                   | of Financial And accurate as possiore space is needed,                        | attach a separate sheet to  | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>y additional pages, write yo |   |  |  |  |  |  |  |
| numl<br>Part    | <u> </u>                                       | ). Answer every ques  | stion.<br>arital Status and Where You   | ı Lived Refore  |  |   |  |  |  |  |  |  |
|                 |  | current marital statu   |   | a Lived Before  |  |   |  |  |  |  |  |  |
|                 | <ul><li>■ Married</li><li>□ Not marr</li></ul> | ied   |   |   |  |   |  |  |  |  |  |  |
| 2.              | During the la                                  | ring the last 3 years, have you lived anywhere other than where you live now? |   |   |  |   |  |  |  |  |  |  |
|                 | <b>-</b>                                       | •   |   |   |  |   |  |  |  |  |  |  |
|                 | ■ No<br>□ Yes. List                            | all of the places you l   | lived in the last 3 years. Do n   | ot include where you live nov                         | v.   |   |  |  |  |  |  |  |
|                 | Debtor 1 Pri                                   | or Address:   | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |  |  |  |  |
|                 |  |   |   |   | nity property state or territor<br>ico, Texas, Washington and V          |   |  |  |  |  |  |  |
|                 | ■ No<br>□ Yes. Mal                             | ke sure you fill out <i>Scl</i>   | hedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |  |  |  |  |  |  |
| Part            | Explain  | n the Sources of You  | r Income  |   |  |   |  |  |  |  |  |  |
|                 | Fill in the total                              | I amount of income yo   | nployment or from operatir<br>u received from all jobs and<br>have income that you receiv | all businesses, including part                        |  | ndar years?   |  |  |  |  |  |  |
|                 | □ No<br>■ Yes. Fill                            | in the details.   |   |   |  |   |  |  |  |  |  |  |
|                 |  |   | Debtor 1  |   | Debtor 2   |   |  |  |  |  |  |  |
|                 |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                               | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |  |
|                 |  | of current year until<br>I for bankruptcy:                                    | ■ Wages, commissions, bonuses, tips   | \$6,437.00  | ☐ Wages, commissions, bonuses, tips                                      |   |  |  |  |  |  |  |
|                 |  |   | ☐ Operating a business  |   | ☐ Operating a business   |   |  |  |  |  |  |  |

Official Form 107

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Page 9 of 61 Case number (# known) Document

Debtor 1 Scott Allen Roby

|   |                            |                         |             | <b>D</b> 14 4  |   |  |   |   | D 14 0  |  |   |
|---|----------------------------|-------------------------|-------------|--|---|--|---|---|---|--|---|
|   |                            |                         |             | Debtor 1   |   |  |   |   | Debtor 2  |  |   |
|   |                            |                         |             | Sources of<br>Check all th   |   | (befor   | s income<br>re deductions<br>sions)               | and   | Sources of inco                                     |  | Gross income<br>(before deductions<br>and exclusions) |
|   | r last calen<br>nuary 1 to | dar year:<br>December   | 31, 2017 )  | ■ Wages, bonuses, tip  | commissions,  |  | \$93,17   | 5.59  | ☐ Wages, combonuses, tips                           | missions,                                    |   |
|   |                            |                         |             | ☐ Operatin   | g a business  |  |   |   | ☐ Operating a b                                     | ousiness                                     |   |
|   |                            |                         |             | ■ Wages, bonuses, tip  | commissions,  |  | \$  | 0.00  | ☐ Wages, combonuses, tips                           | missions,                                    |   |
|   |                            |                         |             | ☐ Operatin   | g a business  |  |   |   | ☐ Operating a b                                     | ousiness                                     |   |
|   |                            | dar year be<br>December |             | ■ Wages, bonuses, tip  | commissions,  |  | \$90,00   | 0.00  | ☐ Wages, combonuses, tips                           | missions,                                    |   |
|   |                            |                         |             | ☐ Operatin   | g a business  |  |   |   | ☐ Operating a b                                     | ousiness                                     |   |
|   |                            |                         |             | ■ Wages, bonuses, tip  | commissions,  |  | \$  | 0.00  | ☐ Wages, combonuses, tips                           | missions,                                    |   |
|   |                            |                         |             | ☐ Operatin   | g a business  |  |   |   | ☐ Operating a b                                     | ousiness                                     |   |
|   | ■ No                       | Fill in the de          | Ū           | e nom eac  | 304:30 30paic   | y. DO  | not morage if                                     | isomo ti  | nat you listed in lir                               | . т.   |   |
|   |                            |                         |             |  |   |  |   |   |   |  |   |
|   |                            |                         |             | Debtor 1   |   | 0  |   |   | Debtor 2  |  | 0   |
|   |                            |                         |             | Sources of<br>Describe be  |   | each<br>(befor   | s income fro<br>source<br>re deductions<br>sions) |   | Sources of inco<br>Describe below.                  | ome  | Gross income<br>(before deductions<br>and exclusions) |
| Pai   | rt 3: List                 | Certain Pa              | yments You  | Made Before  | e You Filed for   | Bankrup  | otcy  |   |   |  |   |
| 6. Are either Debtor 1's or Debtor 2's debts prim  No. Neither Debtor 1 nor Debtor 2 has printed individual primarily for a personal, fand  During the 90 days before you filed for No. Go to line 7.  Yes List below each creditor to paid that creditor. Do not not include payments to a state of the subject to adjustment on 4/01/19 at the subject to adjustment on 4/0 |                            |                         |             | primarily consinily, or househout bankruptcy, do not bankruptcy, do no | umer del<br>old purpos<br>id you pa<br>id a total<br>nts for do<br>this bank<br>rs after th | bts. Consum se."  ay any creditor of \$6,425* or omestic supportupitcy case. nat for cases: bts. | or a total<br>r more ir<br>ort obliga<br>filed on | of \$6,425* or monor of some or more pay ations, such as chor after the date of | re?<br>ments and t<br>ild support a<br>f adjustment | he total amount you<br>and alimony. Also, do |   |
|   |                            | ■ Yes                   | include pay |  | nestic support o  |  |   |   | the total amount out and alimony.                   |  | t creditor. Do not include payments to                |
|   | Creditor'                  | s Name and              | d Address   | I  | Dates of payme  | ent  | Total amo   | unt<br>aid  | Amount you still owe                                | Was this p                                   | ayment for  |

Debtor 1 Scott Allen Roby

|     | Creditor's Name and Address   | Dates of payment   | Total amount paid  | Amount you still owe                    |                                      | ayment for                        |
|-----|---|--|--|---|--------------------------------------|-----------------------------------|
|     | Ally Financial<br>Attn: Bankruptcy<br>Po Box 380901<br>Bloomington, MN 55438  | 11/2017<br>12/2017<br>01/2018                                | \$2,400.00   | \$35,337.00                             | ■ Car □ Credit Ca □ Loan Re          | ard<br>payment<br>s or vendors    |
| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general par<br>corporations of which you are an officer, direct<br>including one for a business you operate as a<br>support and alimony. | rtners; relatives of any gen<br>or, person in control, or ov | neral partners; partn<br>vner of 20% or more   | erships of which<br>e of their voting s | you are a gener<br>securities; and a | al partner;<br>ny managing agent, |
|     | ■ No  |  |  |   |                                      |                                   |
|     | Yes. List all payments to an insider.  Insider's Name and Address   | Dates of payment   | Total amount   | Amount you still owe                    |                                      | this payment                      |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi  ■ No □ Yes. List all payments to an insider   |  | ments or transfer  | any property or                         | account of a d                       | ebt that benefited an             |
|     | Insider's Name and Address  | Dates of payment   | Total amount   | Amount you still owe                    |                                      | this payment                      |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures  | paid   | Still Owe                               | include cred                         | iitoi s riame                     |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   | cases, small claims action                                   | s, divorces, collecti  | on suits, paterni                       | ty actions, suppo                    | ort or custody                    |
|     | Case title Case number  | Nature of the case   | Court or agency  |   | Status of th                         | ne case                           |
|     | CreditOne, LLC as assignee of Chrysler Capital vs. Scott A. Roby 2017MS096929   | Civil  | Magistrate Court of Fult<br>County<br>185 Central Ave<br>Suite TG-100<br>Atlanta, GA 30303 |   | Pending ☐ On appeal ☐ Concluded      |                                   |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |  | erty repossessed, t  | foreclosed, gar                         | nished, attache                      | d, seized, or levied?             |
|     | Creditor Name and Address   | Describe the Property  Explain what happened                 | 1  | Dat                                     | te                                   | Value of the property             |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca   | tcy, did any creditor, inc                                   |  | nancial institut                        | ion, set off any                     | amounts from your                 |
|     | Yes. Fill in the details.  Creditor Name and Address  | Describe the action the                                      | creditor took  | Da <sup>-</sup><br>tak                  | te action was                        | Amount                            |
|     |   |  |  | ·un                                     |                                      |                                   |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Page 11 of 61 Case number (if known) Document Debtor 1 Scott Allen Roby 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Dates you Value Describe what you contributed more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? ☐ Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

Yes. Fill in the details.

Person Who Was Paid Address **Email or website address** Person Who Made the Payment, if Not You **Burrow & Associates, LLC** 

2280 Satellite Blvd. Bldg. A, Suite 100 Duluth, GA 30097

Description and value of any property transferred

\$77.00 Filing Fees \$15.00 Credit Counseling \$33.00 Credit Report

Date payment or transfer was made

payment

\$125.00

Amount of

11/27/2017

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 12 of 61
Case number (if known)

Debtor 1 Scott Allen Roby

| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you No   | ors or to make payments   |                              |                 | or transfer any prope                               | erty to anyone who                            |
|-----|---|---|------------------------------|-----------------|---|---|
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Person Who Was Paid<br>Address  | Description and v transferred   | alue of any prop             | erty            | Date payment or transfer was made                   | Amount of payment                             |
| 40  | Within Overes before you filed for bonders at   |   |                              |                 |   |   |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers minclude gifts and transfers that you have alread | usiness or financial affa<br>ade as security (such as                     | airs?<br>the granting of a s |                 |   |   |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |   |                              |                 |   |   |
|     | Person Who Received Transfer Address  | Description and v property transferr                                      |                              |                 | any property or received or debts change            | Date transfer was made                        |
|     | Person's relationship to you  |   |                              |                 | J   |   |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  No Yes. Fill in the details.   |   | y property to a s            | elf-settled tru | ıst or similar device                               | of which you are a                            |
|     |   | Danasis (lass assista   |                              |                 | - 1   | Data Tananafanana                             |
|     | Name of trust   | Description and v   | alue of the prope            | erty transferr  | ea  | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Ins   | struments, Safe Deposit   | Boxes, and Sto               | rage Units      |   |   |
| 20. | Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, associated No                    | or other financial accou  | nts; certificates o          | of deposit; sh  |   |   |
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number   | Type of account instrument   | clo<br>mo       | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?   | year before you filed for   | bankruptcy, any              | safe deposi     | t box or other depos                                | sitory for securities,                        |
|     | ■ No  |   |                              |                 |   |   |
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code)                  |                              | Describe the (  | contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit of   | or place other than your  | home within 1 y              | ear before yo   | ou filed for bankrupt                               | cy?   |
|     | ■ No  |   |                              |                 |   |   |
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                              | Describe the (  | contents  | Do you still have it?                         |
|     |   | •   |                              |                 |   |   |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 13 of 61
Case number (if known)

Debtor 1 Scott Allen Roby

| Par | t 9: Identify Property You Hold or Control for  | Someone Else   |                                       |                      |
|-----|---|--|---------------------------------------|----------------------|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any proper  | rty you borrowed from, are storing fo | or, or hold in trust |
|     | ■ No  |  |                                       |                      |
|     | Yes. Fill in the details.   | Mhara is the preparty?   | Decaribe the preparty                 | Value                |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                 | value                |
| Par | t 10: Give Details About Environmental Inform   | aation   |                                       |                      |
| For | the purpose of Part 10, the following definitions   | s apply:   |                                       |                      |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun                                      | - ·                                   |                      |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposa   | l sites.   |                                       |                      |
|     | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or   |  | s waste, hazardous substance, toxic   | substance,           |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe   | n they occurred.                      |                      |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                      | e under or in violation of an environ | mental law?          |
|     | ■ No □ Yes. Fill in the details.  |  |                                       |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice       |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |                                       |                      |
|     | ■ No □ Yes. Fill in the details.  |  |                                       |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice       |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any env  | ironmental law? Include settlements   | and orders.          |
|     | ■ No  |  |                                       |                      |
|     | Yes. Fill in the details.   | 0  | National of the same                  | 01-1                 |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                    | Status of the case   |
| Par | t 11: Give Details About Your Business or Cor   | nnections to Any Business  |                                       |                      |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have ar  | ny of the following connections to a  | ny business?         |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity                                       | , either full-time or part-time       |                      |
|     | ☐ A member of a limited liability company   | y (LLC) or limited liability partnersh                                     | nip (LLP)                             |                      |
|     | ☐ A partner in a partnership  |  |                                       |                      |
|     | ☐ An officer, director, or managing execu   | tive of a corporation  |                                       |                      |
|     | ☐ An owner of at least 5% of the voting o   | r equity securities of a corporation                                       |                                       |                      |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Page 14 of 61
Case number (if known) Document

Debtor 1 Scott Allen Roby

|             | you attach additional pages to Your Statem No Yes  you pay or agree to pay someone who is no |  |   |
|-------------|--|--|---|
| Did<br>■ N  | you attach additional pages to Your Statem   | nent of Financial Affairs for Individuals Fili | ing for Bankruptcy (Official Form 107)?   |
|             |  | nent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)?  |
| Da          |  |  |   |
|             | te February 5, 2018  | Date   |   |
|             | cott Allen Roby<br>gnature of Debtor 1   | Signature of Debtor 2                          |   |
|             | Scott Allen Roby   |  |   |
| are<br>with |  | a false statement, concealing property, or     | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| Pai         | rt 12: Sign Below  |  |   |
|             | Name Address (Number, Street, City, State and ZIP Code)                                      | Date Issued                                    |   |
|             | ■ No □ Yes. Fill in the details below.   |  |   |
| 28.         | Within 2 years before you filed for bankrup institutions, creditors, or other parties.       | otcy, did you give a financial statement to    | anyone about your business? Include all financial   |
|             | Address<br>(Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper               | Do not include Social Security number or ITIN.  Dates business existed  |
|             | Business Name  | Describe the nature of the business            | Employer Identification number  |
|             | Yes. Check all that apply above and fi   | II in the details below for each business.     |   |
|             | _  |  |   |

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

| Fill in this inform<br>Debtor 1  | mation to identify your  | case and this filing:  | nt Page 15 of 61   |  |  |
|--|--|--|--|--|--|
| Debtor 1   |  |  |  |  |  |
|  | Scott Allen Roby   |  |  |  |  |
|  | First Name   | Middle Name  | Last Name  |  |  |
| Debtor 2<br>Spouse, if filing)   | First Name   | Middle Name  | Last Name  |  |  |
|  |  |  |  |  |  |
| Jnited States Ba   | inkruptcy Court for the:   | NORTHERN DISTRICT O  | F GEORGIA  |  |  |
| Case number _  |  |  |  |  | ☐ Check if this is ar amended filing   |
| Official Fo  | rm 106A/B  |  |  |  |  |
| _  | e A/B: Prop  | ortv   |  |  | 40/45  |
|  |  |  | e. If an asset fits in more than on  |  | 12/15  |
|  | nave any legal or equitable  | , Land, or Other Real Estate You   | ding, land, or similar property?   |  |  |
|  | ' ' '  |  |  |  |  |
| Part 2: Describe To you own, leasoneone else driv Cars, vans, tre  | ves. If you lease a vehic  |  | icles, whether they are registed Executory Contracts and   |  | ehicles you own that   |
| Part 2: Describe o you own, leasomeone else driv   | se, or have legal or eques. If you lease a vehic   | le, also report it on Schedul  | e G: Executory Contracts and   |  | ehicles you own that   |
| o you own, leasonmeone else driv Cars, vans, tri No Yes  | se, or have legal or eques. If you lease a vehic   | le, also report it on Schedul  | e G: Executory Contracts and   | Unexpired Leases.  Do not deduct secured cla   | aims or exemptions. Put  |
| o you own, leasomeone else driv  Cars, vans, tri  No  Yes  3.1 Make:   | se, or have legal or equives. If you lease a vehicu  | le, also report it on Schedul  | e G: Executory Contracts and   | Unexpired Leases.  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| o you own, leasomeone else driv Cars, vans, tre No Yes  3.1 Make: Model: Year:   | se, or have legal or eques. If you lease a vehicular ucks, tractors, sport under the bodge  Ram  2017  | Who has an interes  Debtor 1 only  | de G: Executory Contracts and s  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the   |
| o you own, leasomeone else driv. Cars, vans, tru No Yes  3.1 Make: Model:  | se, or have legal or eques. If you lease a vehicular vest and the second vest and the  | Who has an interes  Debtor 1 only Debtor 2 only Debtor 1 and Del   | de G: Executory Contracts and s st in the property? Check one  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair  | aims or exemptions. Put<br>d claims on Schedule D:<br>ns Secured by Property.  |
| Describe  To you own, leasoneone else driv  Cars, vans, tri  No Yes  3.1 Make:  Model:  Year:  Approximate   | se, or have legal or eques. If you lease a vehicular vest and the second vest and the  | Who has an interes  Debtor 1 only Debtor 2 only Debtor 1 and Del At least one of the   | de G: Executory Contracts and s  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the   |
| Describe  To you own, leasoneone else driv  Cars, vans, tri  No Yes  3.1 Make:  Model:  Year:  Approximate   | se, or have legal or eques. If you lease a vehicular vest and the second vest and the  | Who has an interes  Debtor 1 only Debtor 2 only Debtor 1 and Del At least one of the   | de G: Executory Contracts and set in the property? Check one botor 2 only the debtors and another                    | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?   |
| O you own, leasonmeone else driver Cars, vans, tree No Yes  3.1 Make: Model: Year: Approximate Other inform  | se, or have legal or eques. If you lease a vehicular vest and the second vest and the  | Who has an interes  Debtor 1 only Debtor 2 only Debtor 1 and Del At least one of the (see instructions)  Who has an interes  | de G: Executory Contracts and set in the property? Check one botor 2 only the debtors and another                    | Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the entire property?  \$39,300.00  Do not deduct secured clathe amount of any securer clather amount of any securer.                | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$39,300.00  |
| o you own, leasonmeone else driving the common of the comm | se, or have legal or equives. If you lease a vehicular vess, tractors, sport under the second vesses and second vesses are second vesses and second vesses and second vesses are second vesses and second vesses and second vesses are second vesses are second vesses and second vesses are second vesses a | Who has an interes Debtor 1 only Debtor 2 only Debtor 1 and Del At least one of th Check if this is (see instructions)  Who has an interes Debtor 1 only   | de G: Executory Contracts and s st in the property? Check one btor 2 only le debtors and another community property  | Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the entire property?  \$39,300.00  Do not deduct secured clathe amount of any securer Creditors Who Have Clair                      | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$39,300.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.                       |
| o you own, leasonmeone else driving the common of the comm | se, or have legal or equives. If you lease a vehicular vess as a vehicular vess, tractors, sport uses a vehicular vess. If you lease a vess. If you  | Who has an interes Debtor 1 only Debtor 2 only At least one of th Check if this is (see instructions)  Who has an interes Debtor 1 only Debtor 2 only Debtor 1 and Del At least one of th  | to the property? Check one  btor 2 only the debtors and another  community property  the tin the property? Check one | Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the entire property?  \$39,300.00  Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$39,300.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the |
| o you own, leasonmeone else driving the common of the comm | Dodge Ram 2017 e mileage: 20 nation:  Triumph Center 1982 e mileage:   | Who has an interes Debtor 1 only Debtor 2 only At least one of the Check if this is (see instructions)  Who has an interes Debtor 1 and Del At least one of the Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Del | to the property? Check one  btor 2 only the debtors and another  community property  the tin the property? Check one | Do not deduct secured clathe amount of any securer Creditors Who Have Clair Current value of the entire property?  \$39,300.00  Do not deduct secured clathe amount of any securer Creditors Who Have Clair                      | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$39,300.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.                       |

☐ Yes

Official Form 106A/B Schedule A/B: Property page 1 Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41

Page 16 of 61
Case number (if known) Document Debtor 1 Scott Allen Roby 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$45,300.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,000.00 Household Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... Electronics \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ Yes. Describe..... \$100.00 **Books** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$200.00 Used Clothings 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe.....

#### 13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

\$100.00

Jewlery

| D    |                |                                       | 1884-pmb                        | Doc 1                       | Filed 02/05<br>Document  |            | Entered<br>ge 17 of | 61                 |                 | Desc Main  |
|------|----------------|---------------------------------------|---------------------------------|-----------------------------|--|------------|---------------------|--------------------|-----------------|--|
| De   | ebtor 1        | Scott Aller                           | п кору                          |                             |  |            |                     | Case number        | (If Known)      |  |
|      | ☐ Yes.         | . Describe                            |                                 |                             |  |            |                     |                    |                 |  |
|      | ■ No           | ther personal a                       |                                 | items you d                 | id not already list,   | includ     | ling any hea        | alth aids you did  | not list        |  |
| 15   |                |                                       |                                 |                             | n Part 3, including  |            |                     | ges you have att   | ached           | \$1,900.00   |
| Pa   | rt 4: De       | escribe Your Fina                     | ancial Assets                   |                             |  |            |                     |                    |                 |  |
| Do   | you o          | wn or have an                         | y legal or equita               | ble interest                | in any of the follo  | wing?      |                     |                    |                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | ■ No           |                                       |                                 |                             | home, in a safe de   |            | ox, and on h        | and when you file  | your petition   |  |
|      |                |                                       |                                 |                             | ccounts; certificates<br>nts with the same ir                    |            |                     |                    | orokerage hou   | ses, and other similar   |
|      | _              |                                       |                                 |                             | Institution  | name:      |                     |                    |                 |  |
|      |                |                                       | 17.1. <b>Ch</b> e               | ecking                      | Credit U   | nion c     | of America          | 1                  |                 | \$0.0  |
|      | Exam<br>■ No   |                                       |                                 |                             | brokerage firms, m   | oney m     | arket accou         | ints               |                 |  |
| 19.  | and jo         | ublicly traded<br>oint venture        | stock and interes               | ests in inco                | rporated and unin  | corpor     | ated busine         | esses, including   | an interest in  | an LLC, partnership,   |
|      | ■ No<br>□ Yes. | . Give specific                       | information abou<br>Name of     |                             |  |            |                     | % of owners        | hip:            |  |
|      | Negor<br>Non-r | tiable instrumei<br>negotiable instru | nts include persor              | nal checks, o<br>you cannot | egotiable and non-<br>cashiers' checks, pr<br>transfer to someon | romisso    | ory notes, ar       | nd money orders.   |                 |  |
| 21   | Retire         | ment or pensi                         | Issuer na                       | ame:                        |  |            |                     |                    |                 |  |
| _ 1. |                | •                                     |                                 | (eogh, 401(k                | ), 403(b), thrift savir  | ngs acc    | counts, or ot       | her pension or pro | fit-sharing pla | ns   |
|      | ☐ Yes.         | . List each acco                      | ount separately.<br>Type of acc | count:                      | Institution  | name:      |                     |                    |                 |  |
| 22.  | Yours          | share of all unu                      |                                 | ı have made                 | so that you may cont, public utilities (el                       |            |                     |                    |                 | s, or others   |
|      |                |                                       |                                 |                             | Institution  | name       | or individual       | :                  |                 |  |
| 23.  | Annui<br>■ No  | ties (A contrac                       | t for a periodic pa             | ayment of mo                | oney to you, either f  | for life o | or for a num        | ber of years)      |                 |  |
|      | ☐ Yes.         |                                       | Issuer name and                 | d description               |  |            |                     |                    |                 |  |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 18 of 61 Case number (if known) Debtor 1 **Scott Allen Roby** 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim.......

■ No
□ Yes. Describe each claim......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 19 of 61

| Deb          | tor 1          | Scott Allen Roby  | Document                 | Page 19 of               | Case number (if known)     |                       |
|--------------|----------------|---|--------------------------|--------------------------|----------------------------|-----------------------|
| 35. <b>/</b> | Any fin        | ancial assets you did not already list  |                          |                          |                            |                       |
|              | No             |   |                          |                          |                            |                       |
| L            | J Yes.         | Give specific information   |                          |                          |                            |                       |
| 36.          |                | he dollar value of all of your entries fron<br>The drivent that number here                   | ,                        | , ,                      | - 1                        | \$0.00                |
| Part         | 5: Des         | scribe Any Business-Related Property You O  | wn or Have an Interest I | In. List any real estate | e in Part 1.               |                       |
| 37. <b>D</b> | o you o        | wn or have any legal or equitable interest in   | any business-related pr  | operty?                  |                            |                       |
|              | No. Go         | to Part 6.  |                          |                          |                            |                       |
|              | Yes. G         | to to line 38.  |                          |                          |                            |                       |
| Part         |                | scribe Any Farm- and Commercial Fishing-Rou own or have an interest in farmland, list it in F |                          | n or Have an Interest    | ln.                        |                       |
| 46. <b>I</b> | Do you         | own or have any legal or equitable int  | terest in any farm- or   | commercial fishin        | ng-related property?       |                       |
|              | No.            | Go to Part 7.   |                          |                          |                            |                       |
|              | ☐ Yes.         | Go to line 47.  |                          |                          |                            |                       |
| Part         | 7:             | Describe All Property You Own or Have an  | Interest in That You Did | d Not List Above         |                            |                       |
| _            | Examp          | have other property of any kind you doles: Season tickets, country club member                |                          |                          |                            |                       |
| _            | ■ No<br>□ Yes. | Give specific information   |                          |                          |                            |                       |
| 54.          | Add t          | he dollar value of all of your entries fro  | om Part 7. Write that    | number here              |                            | \$0.00                |
| Part         | g.             | List the Totals of Each Part of this Form   |                          |                          | L                          |                       |
|              |                |   |                          |                          |                            | <b>***</b>            |
|              |                | : Total real estate, line 2   |                          |                          |                            | \$0.00                |
|              |                | t: Total vehicles, line 5   |                          | \$45,300.00              |                            |                       |
|              |                | : Total personal and household items<br>: Total financial assets, line 36                     | , line 15                | \$1,900.00               |                            |                       |
|              |                | i: Total financial assets, line 30<br>i: Total business-related property, line                |                          | \$0.00<br>\$0.00         |                            |                       |
|              |                | i: Total business-related property, line i: Total farm- and fishing-related prope             |                          | \$0.00                   |                            |                       |
|              |                | : Total other property not listed, line 5   | _                        | \$0.00                   |                            |                       |
|              |                | personal property. Add lines 56 through   | _                        | \$47,200.00              | Copy personal property tot | al <b>\$47,200.00</b> |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$47,200.00

#### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

| Fill in this infor  |                          |                   |            |  |   |
|---------------------|--------------------------|-------------------|------------|--|---|
| Debtor 1            | Scott Allen Roby         |                   |            |  |   |
|                     | First Name               | Middle Name       | Last Name  |  | I                                       |
| Debtor 2            |                          |                   |            |  |   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |  |   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |  |   |
| Case number _       |                          |                   |            |  |   |
| (if known)          |                          |                   |            |  | ☐ Check if this is an<br>amended filing |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amou | unt of the exemption you claim                                  | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec | k only one box for each exemption.                              |                                    |
| 2017 Dodge Ram 20,000 miles  | \$39,300.00                          | •    | \$3,963.00  | O.C.G.A. § 44-13-100(a)(3)         |
| Ellio IIoni consulta 772. CT   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 1982 Triumph Center Line from Schedule A/B: 3.2  | \$6,000.00                           |      | \$1,037.00  | O.C.G.A. § 44-13-100(a)(3)         |
| Ellie Hotti Geriedale 742. G.E   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 1982 Triumph Center Line from Schedule A/B: 3.2  | \$6,000.00                           | •    | \$4,963.00  | O.C.G.A. § 44-13-100(a)(6)         |
| LINE HOLL SCHEDULE AV.D. 3.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Furniture Line from Schedule A/B: 6.1  | \$1,000.00                           | •    | \$1,000.00  | O.C.G.A. § 44-13-100(a)(4)         |
| Life Holli Schedule AVD. 4.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics Line from Schedule A/B: 7.1  | \$500.00                             | •    | \$500.00  | O.C.G.A. § 44-13-100(a)(4)         |
| LINE HOLL SCHEDULE AVE. 1.1  |                                      |      | 100% of fair market value, up to                                |                                    |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 21 of 61

**Scott Allen Roby** Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Schedule A/B that lists this property Copy the value from Check only one box for each exemption. Schedule A/B **Books** O.C.G.A. § 44-13-100(a)(6) \$100.00 \$100.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit **Used Clothings** O.C.G.A. § 44-13-100(a)(4) \$200.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Jewlery** O.C.G.A. § 44-13-100(a)(5) \$100.00 \$100.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Yes

#### Cace 18-51884-nmh Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

|  |   | Document Page  | 22 of 61  |  |                            |
|--|---|--|---|--|----------------------------|
| Fill in this information   | tion to identify yo   |  |   |  |                            |
| Debtor 1   | Scott Allen Rok   |  |   |  |                            |
| -  | First Name  | Middle Name Last Name  | 1   | -  |                            |
| Debtor 2   |   |  |   | _  |                            |
| (Spouse if, filing)  | First Name  | Middle Name Last Name  |   |  |                            |
| United States Bankı  | uptcy Court for the   | : NORTHERN DISTRICT OF GEORGIA   |   | _  |                            |
| Case number  |   |  |   |  |                            |
| (if known)   |   |  |   | ☐ Check  | if this is an              |
|  |   |  |   | amend  | ded filing                 |
| Official Form  | 106D  |  |   |  |                            |
|  |   | s Who Have Claims Secu   | rod by Propor   | +1/  | 40/45                      |
| Scriedule D  | . Creditors   | S WIIO Have Claims Secu  | red by Proper   | ty   | 12/15                      |
|  |   | f two married people are filing together, both are<br>, number the entries, and attach it to this form. Or   |   |  |                            |
| known).  |   | ,  | top or any additional p   | augue, arme your name a                          | (                          |
| 1. Do any creditors hav  | e claims secured by   | your property?   |   |  |                            |
| □ No. Check th   | is box and submit   | his form to the court with your other schedule   | s. You have nothing else  | to report on this form.                          |                            |
| V  |   |  |   |  |                            |
| Yes. Fill in al  | I of the information  | below.   |   |  |                            |
|  | I of the information ecured Claims  | below.   |   |  |                            |
| Part 1: List All S 2. List all secured clai  | ms. If a creditor has r   | nore than one secured claim, list the creditor separat   |   | Column B   | Column C                   |
| Part 1: List All S  2. List all secured clai each claim. If more tha   | ms. If a creditor has a   |  | ely for   | Column B  Value of collateral that supports this | Column C Unsecured portion |
| Part 1: List All S  2. List all secured clai each claim. If more the as possible, list the clai  | ms. If a creditor has a pms in alphabetical ord   | nore than one secured claim, list the creditor separat<br>particular claim, list the other creditors in Part 2. As m<br>ler according to the creditor's name.  | uch Amount of claim Do not deduct the value of collateral.                  | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part 1: List All S  2. List all secured clai each claim. If more tha   | ms. If a creditor has a pms in alphabetical ord   | nore than one secured claim, list the creditor separat particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:   | uch Amount of claim Do not deduct the                                       | Value of collateral that supports this           | Unsecured portion          |
| Part 1: List All S  2. List all secured clai each claim. If more the as possible, list the clai  2.1 Ally Financia   | ms. If a creditor has a pms in alphabetical ord   | nore than one secured claim, list the creditor separat<br>particular claim, list the other creditors in Part 2. As m<br>ler according to the creditor's name.  | uch Amount of claim Do not deduct the value of collateral.                  | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia Creditor's Name  Attn: Bankru   | ms. If a creditor has a pms in alphabetical ord   | nore than one secured claim, list the creditor separat particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia Creditor's Name  Attn: Bankrupo Box 3805  | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As meter according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the clai  2.1 Ally Financia Creditor's Name  Attn: Bankru Po Box 3808 Bloomington  | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separat particular claim, list the other creditors in Part 2. As maler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent  | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the clai  2.1 Ally Financia Creditor's Name  Attn: Bankru Po Box 3808 Bloomington  | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separat particular claim, list the other creditors in Part 2. As maler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the clai  2.1 Ally Financia Creditor's Name  Attn: Bankru Po Box 3808 Bloomington  | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separat particular claim, list the other creditors in Part 2. As maler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent  | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the clai  2.1 Ally Financia Creditor's Name  Attn: Bankru Po Box 3809 Bloomington Number, Street, Cit  | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured clai each claim. If more the as possible, list the clai  2.1 Ally Financia Creditor's Name  Attn: Bankru Po Box 3803 Bloomington Number, Street, Cit  Who owes the debt'   | ms. If a creditor has a pms in alphabetical ordal   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the claim. Creditor's Name  Attn: Bankrupo Box 3803 Bloomingtor.  Number, Street, Cit  Who owes the debt't   | ms. If a creditor has range on a creditor has a pms in alphabetical ordal.  uptcy 001 n, MN 55438 y, State & Zip Code   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more the as possible, list the claim. Creditor's Name  Attn: Bankru Po Box 3805 Bloomingtor Number, Street, Cit  Who owes the debt's Debtor 1 only Debtor 2 only  | ms. If a creditor has a pms in alphabetical ordal  uptcy 001 n, MN 55438 y, State & Zip Code ? Check one.   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)   | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia.  Creditor's Name  Attn: Bankrupo Box 3809 Bloomingto.  Number, Street, Cit.  Who owes the debt's Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 and Debtor 1 and Debtor 2. | ms. If a creditor has a pms in alphabetical ordal  uptcy 001 n, MN 55438 y, State & Zip Code ? Check one.   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As maker according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)  Statutory lien (such as tax lien, mechanic's lien)                             | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia.  Creditor's Name  Attn: Bankrupo Box 3809 Bloomingtoon  Number, Street, Cit.  Who owes the debt's Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 check if this claim.      | ms. If a creditor has a pms in alphabetical ordal  uptcy 001 n, MN 55438 y, State & Zip Code ? Check one.   | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As meler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia.  Creditor's Name  Attn: Bankrupo Box 3809 Bloomingtoon  Number, Street, Cit.  Who owes the debt's Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 check if this claim.      | ms. If a creditor has a part of the control of the | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As meler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | Amount of claim Do not deduct the value of collateral. \$35,337.00          | Value of collateral that supports this claim     | Unsecured portion If any   |
| 2. List all secured claieach claim. If more that as possible, list the claim.  2.1 Ally Financia.  Creditor's Name  Attn: Bankrupo Box 3809 Bloomingtoon  Number, Street, Cit.  Who owes the debt's Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 check if this claim.      | ms. If a creditor has a part of the control of the | nore than one secured claim, list the creditor separate particular claim, list the other creditors in Part 2. As meler according to the creditor's name.  Describe the property that secures the claim:  2017 Dodge Ram 20,000 miles  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | secured  Amount of claim Do not deduct the value of collateral. \$35,337.00 | Value of collateral that supports this claim     | Unsecured portion If any   |

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$35,337.00 \$35,337.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

|               |                                       |  | Document   | Page 23 of 6                                      | 31                      | -               |                  |                |
|---------------|---------------------------------------|--|--|---|-------------------------|-----------------|------------------|----------------|
| Fill i        | n this inforn                         | nation to identify your ca   | se:  |   |                         |                 |                  |                |
| Debt          | or 1                                  | Scott Allen Roby   |  |   |                         |                 |                  |                |
|               |                                       | First Name   | Middle Name  | Last Name   |                         |                 |                  |                |
| Debt          |                                       | E: AN  | M. 1 II. N.  |   |                         |                 |                  |                |
| (Spous        | se if, filing)                        | First Name   | Middle Name  | Last Name   |                         |                 |                  |                |
| Unite         | ed States Bar                         | nkruptcy Court for the:  | NORTHERN DISTRICT OF G   | EORGIA  |                         |                 |                  |                |
| Case          | number                                |  |  |   |                         |                 |                  |                |
| (if kno       |                                       |  |  |   |                         |                 | Check if this    | is an          |
|               |                                       |  |  |   |                         |                 | amended filir    | ıg             |
| ⊃ff;          | oial Earm                             | n 106E/F   |  |   |                         |                 |                  |                |
|               |                                       |  | a Hava Unacquirad  | Claima  |                         |                 | 10               | 2/15           |
|               |                                       |  | o Have Unsecured   |   |                         | DIODITY I       |                  |                |
| he Co<br>umbe | ontinuation Pa<br>er (if known).      | ge to this page. If you have i                                     | erty. If more space is needed, co<br>no information to report in a Part  |   |                         |                 |                  |                |
| Part          |                                       | l of Your PRIORITY Unse  |  |   |                         |                 |                  |                |
|               |                                       | rs have priority unsecured c                                       | laims against you?   |   |                         |                 |                  |                |
| _             | ☐ No. Go to Pa<br>■ Yes.              | art 2.   |  |   |                         |                 |                  |                |
| ic<br>p       | dentify what typ<br>ossible, list the | e of claim it is. If a claim has be claims in alphabetical order a | a creditor has more than one prior<br>oth priority and nonpriority amounts<br>ccording to the creditor's name. If y<br>claim, list the other creditors in Part | s, list that claim here an you have more than two | d show both priority an | d nonpriority   | / amounts. As mu | ich as         |
| (1            | For an explana                        | tion of each type of claim, see                                    | the instructions for this form in the  | instruction booklet.)                             |                         | <b>5</b>        |                  |                |
|               |                                       |  |  |   | Total claim             | Priority amount | Nonp<br>amou     | riority<br>Int |
| 2.1           | Georgia                               | Department of Rever  | ue Last 4 digits of accoun   | nt number   | \$0.00                  |                 | \$0.00           | \$0.00         |
|               | Accoun                                | ditor's Name<br>ts Receivable Collecti<br>Intury Blvd, NE          | on When was the debt in  | curred?   |                         | -               |                  |                |
|               | Suite 91                              |  |  |   |                         |                 |                  |                |
|               | Number St                             | reet City State Zlp Code   | As of the date you file  | , the claim is: Check a                           | Il that apply           |                 |                  |                |
|               | Who incurred                          | the debt? Check one.   | ☐ Contingent   |   |                         |                 |                  |                |
|               | Debtor 1 or                           | nly  | ☐ Unliquidated   |   |                         |                 |                  |                |
|               | Debtor 2 or                           | nly  | ☐ Disputed   |   |                         |                 |                  |                |
|               | Debtor 1 a                            | nd Debtor 2 only   | Type of PRIORITY uns   | secured claim:                                    |                         |                 |                  |                |
|               | ☐ At least on                         | e of the debtors and another                                       | ☐ Domestic support of  | bligations  |                         |                 |                  |                |
|               | ☐ Check if th                         | nis claim is for a community                                       | debt Taxes and certain o   | ther debts you owe the                            | government              |                 |                  |                |
|               | Is the claim s                        | ubject to offset?  | ☐ Claims for death or  | personal injury while you                         | u were intoxicated      |                 |                  |                |
|               | No                                    |  | Other. Specify   |   |                         |                 |                  |                |
|               | ☐ Yes                                 |  |  |   |                         |                 |                  |                |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 24 of 61
Case number (if know)

| Deb  | tor 1 Scott Allen Roby   |  | Case number (if know)                        |                            |  |  |  |  |  |
|------|--|--|--|----------------------------|--|--|--|--|--|
| 2.2  | Internal Revenue Service Priority Creditor's Name  | Last 4 digits of account number                                  | \$0.00                                       | \$0.00                     |  |  |  |  |  |
|      | PO Box 7346  | When was the debt incurred?                                      |  |                            |  |  |  |  |  |
|      | Philadelphia, PA 19101-7346  Number Street City State Zlp Code   | As of the date you file, the claim is:                           | Chack all that apply                         |                            |  |  |  |  |  |
|      | Who incurred the debt? Check one.  | Contingent   | опеск ан шагарру                             |                            |  |  |  |  |  |
|      | ■ Debtor 1 only  | ŭ  |  |                            |  |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |                            |  |  |  |  |  |
|      | _  | ☐ Disputed  Type of PRIORITY unsecured claim:                    |  |                            |  |  |  |  |  |
|      | Debtor 1 and Debtor 2 only   | Domestic support obligations                                     |  |                            |  |  |  |  |  |
|      | At least one of the debtors and another  | _  |  |                            |  |  |  |  |  |
|      | Check if this claim is for a community debt  | Taxes and certain other debts you                                | _  |                            |  |  |  |  |  |
|      | Is the claim subject to offset?  ■ No  | ☐ Claims for death or personal injury                            |  |                            |  |  |  |  |  |
|      | □ Yes  | Other. Specify   |  |                            |  |  |  |  |  |
|      | 163  |  |  |                            |  |  |  |  |  |
| 2.3  | Pamela Roby  | Last 4 digits of account number                                  | \$0.00                                       | \$0.00 \$0.00              |  |  |  |  |  |
|      | Priority Creditor's Name 120 Lakeside Pointe Covington, GA 30016   | When was the debt incurred?                                      |  |                            |  |  |  |  |  |
|      | Number Street City State Zlp Code  | As of the date you file, the claim is:                           | Check all that apply                         |                            |  |  |  |  |  |
|      | Who incurred the debt? Check one.  | ☐ Contingent   |  |                            |  |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Unliquidated   |  |                            |  |  |  |  |  |
|      | ☐ Debtor 2 only  | ☐ Disputed   |  |                            |  |  |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:                                |  |                            |  |  |  |  |  |
|      | ☐ At least one of the debtors and another  | ■ Domestic support obligations                                   |  |                            |  |  |  |  |  |
|      | ☐ Check if this claim is for a community debt  | ☐ Taxes and certain other debts you                              | owe the government                           |                            |  |  |  |  |  |
|      | Is the claim subject to offset?  | ☐ Claims for death or personal injury while you were intoxicated |  |                            |  |  |  |  |  |
|      | ■ No   | ☐ Other. Specify   |  |                            |  |  |  |  |  |
|      | Yes  | DSO Obligati   | on   |                            |  |  |  |  |  |
| Part | 2: List All of Your NONPRIORITY Unsecu   | red Claims   |  |                            |  |  |  |  |  |
| 3.   | Do any creditors have nonpriority unsecured claims   | s against you?   |  |                            |  |  |  |  |  |
|      | <ul><li>No. You have nothing to report in this part. Submit the</li></ul>  | his form to the court with your other sche                       | dules  |                            |  |  |  |  |  |
|      | Yes.   | , ,  |  |                            |  |  |  |  |  |
| (    | List all of your nonpriority unsecured claims in the a<br>claim, list the creditor separately for each claim. For eac<br>creditor holds a particular claim, list the other creditors i | ch claim listed, identify what type of claim                     | it is. Do not list claims already included i | n Part 1. If more than one |  |  |  |  |  |
| 4.1  | Ar Resources Inc   | Last 4 digits of account number                                  | 1649   | \$1,414.00                 |  |  |  |  |  |
|      | Nonpriority Creditor's Name  | _  |  |                            |  |  |  |  |  |
|      | Bankruptcy<br>Po Box 1056  | When was the debt incurred?                                      | Opened 05/17                                 |                            |  |  |  |  |  |
|      | Blue Bell. PA 19422  |  |  |                            |  |  |  |  |  |
|      | Number Street City State Zlp Code  | As of the date you file, the claim i                             | s: Check all that apply                      |                            |  |  |  |  |  |
|      | Who incurred the debt? Check one.  | ☐ Contingent   |  |                            |  |  |  |  |  |
|      | Debtor 1 only  | ☐ Unliquidated   |  |                            |  |  |  |  |  |
|      | ☐ Debtor 2 only  | ☐ Disputed   |  |                            |  |  |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                    | d claim:                                     |                            |  |  |  |  |  |
|      | $\square$ At least one of the debtors and another  | ☐ Student loans  |  |                            |  |  |  |  |  |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did     | not                        |  |  |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts             |                            |  |  |  |  |  |
|      | Yes  | Other. Specify  Collection Emergency                             | Attorney Atlantic Cod<br>/ Physi             |                            |  |  |  |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 25 of 61

| Debtor         | 1 Scott Alle                                   | en Roby   | Document   |                          | Case n           | umber (if know)   |                           |  |  |
|----------------|--|---|--|--------------------------|------------------|---|---------------------------|--|--|
| 4.2            | Creditone L                                    |   | Last 4 digits of ac                                  | count number             | 2564             |   | \$8,969.00                |  |  |
|                | Nonpriority Cred Po Box 625                    |   | When was the del                                     | ot incurred?             | Open             | ed 06/16  |                           |  |  |
|                | Metairie, LA<br>Number Street (                | A 70004<br>City State Zlp Code  | As of the date you                                   | ı file, the claim        | is: Check        | all that apply  |                           |  |  |
|                | Who incurred t                                 | he debt? Check one.   | ☐ Contingent   |                          |                  |   |                           |  |  |
|                | Debtor 1 onl                                   | у   | ☐ Unliquidated                                       |                          |                  |   |                           |  |  |
|                | Debtor 2 onl                                   | у   | ☐ Disputed   |                          |                  |   |                           |  |  |
|                | Debtor 1 and                                   | d Debtor 2 only   | Type of NONPRIO                                      | RITY unsecure            | ed claim:        |   |                           |  |  |
|                | ☐ At least one                                 | of the debtors and another  | ☐ Student loans                                      |                          |                  |   |                           |  |  |
|                | ☐ Check if this                                | s claim is for a community debt bject to offset?                      | Obligations aris                                     |                          | aration agr      | eement or divorce that you did not  |                           |  |  |
|                | ■ No   |   | Debts to pension                                     | on or profit-shari       | ng plans, a      | nd other similar debts  |                           |  |  |
|                | ☐ Yes  |   | Other. Specify                                       | Factoring<br>Capital - L | Compai<br>awsuit | ny Account Chrysler   |                           |  |  |
| 4.3            |  | et Manageme   | Last 4 digits of ac                                  | count number             | 68N1             |   | \$11,945.00               |  |  |
|                | Nonpriority Cred<br>1132 Glade<br>Colleyville, | Rd  | When was the del                                     | ot incurred?             | Open             | ed 07/17  |                           |  |  |
|                |  | City State Zlp Code   | As of the date you                                   | ı file, the claim        | is: Check        | all that apply  |                           |  |  |
|                | Who incurred t                                 | he debt? Check one.   | ☐ Contingent   |                          |                  |   |                           |  |  |
|                | ■ Debtor 1 onl                                 | у   | ☐ Unliquidated                                       |                          |                  |   |                           |  |  |
|                | Debtor 2 onl                                   | •   | ☐ Disputed   |                          |                  |   |                           |  |  |
|                | Debtor 1 and                                   | •   | Type of NONPRIO                                      | RITY unsecure            | ed claim:        |   |                           |  |  |
|                | _  | of the debtors and another  | ☐ Student loans                                      |                          |                  |   |                           |  |  |
|                | ☐ Check if this                                | s claim is for a community debt bject to offset?                      | Obligations aris                                     |                          | aration agr      | eement or divorce that you did not  |                           |  |  |
|                | ■ No   |   | Debts to pension                                     | on or profit-shari       | ng plans, a      | nd other similar debts  |                           |  |  |
|                | ☐ Yes  |   | Other. Specify                                       | Collection               | Attorne          | ey Skopos Co-764  |                           |  |  |
| Part 3:        | List Others                                    | s to Be Notified About a Debt   | That You Already                                     | Listed                   |                  |   |                           |  |  |
| trying<br>more | to collect from than one credite               | you for a debt you owe to someon                                      | e else, list the origina<br>ed in Parts 1 or 2, list | al creditor in Pa        | arts 1 or 2,     | listed in Parts 1 or 2. For example, then list the collection agency here here. If you do not have additional p | e. Similarly, if you have |  |  |
| •              | nd Address                                     | •   | which entry in Part 1                                | or Part 2 did you        | u list the ori   | iginal creditor?  |                           |  |  |
| Fulton         | County DF                                      | ACS Lin   | e <b>2.3</b> of ( <i>Check one</i> ).                | _                        |                  | Creditors with Priority Unsecured Clain   | ns                        |  |  |
|                | Forest Avenu<br>a, GA 30344                    |   |  | [                        | ☐ Part 2: 0      | Creditors with Nonpriority Unsecured C  | Claims                    |  |  |
| Allani         | a, GA 30344                                    |   | st 4 digits of account n                             | umber                    |                  |   |                           |  |  |
| Part 4:        | Add the Ar                                     | mounts for Each Type of Unse  | cured Claim  |                          |                  |   |                           |  |  |
|                | the amounts of decured claim.                  | certain types of unsecured claims.                                    | This information is                                  | for statistical re       | eporting p       | urposes only. 28 U.S.C. §159. Add t   | he amounts for each type  |  |  |
|                | 6a.  | Domestic support obligations  |  |                          | 6a.              | Total Claim  \$ 0.00  |                           |  |  |
| Total cla      | aims   |   |  |                          |                  |   | -                         |  |  |
| from P         | <b>art 1</b> 6b. 6c.                           | Taxes and certain other debts yo<br>Claims for death or personal inju | =  |                          | 6b.<br>6c.       | \$ 0.00   | -                         |  |  |
|                | 6d.  | Other. Add all other priority unsecu                                  | = =  |                          | 6d.              | \$ 0.00<br>\$ 0.00  | -<br>-                    |  |  |
|                | 6e.  | Total Priority. Add lines 6a throug                                   | h 6d.  |                          | 6e.              | \$0.00  | -                         |  |  |
|                | 6f.  | Student loans   |  |                          | 6f.              | Total Claim \$ 0.00   |                           |  |  |
| Total cla      | aims   | Obligations arising out of a sepa                                     | ration agreement or                                  | divorce that wo          |                  |   | -                         |  |  |
| II OIII P      | uitz og.                                       | obligations arising out or a sepa                                     | auton agreement of                                   | artore mar yo            | u og.            | \$ 0.00   |                           |  |  |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Page 26 of 61 Case number (if know) Document

Debtor 1 Scott Allen Roby

| 6h. | did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. |  | 6i. | \$<br>22,328.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>22,328.00 |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

| Fill in this infor  | mation to identify your  |                   |            |                                      |
|---------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1            | Scott Allen Roby         |                   |            |                                      |
|                     | First Name               | Middle Name       | Last Name  |                                      |
| Debtor 2            |                          |                   |            |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                                      |
| Case number _       |                          |                   |            | ☐ Check if this is an amended filing |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      | ·            | State   | ZIP Code          |   |
|     |           |              |   |                   |   |

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

|                               |   | Documer   | nt Page 28 of  | 61   |                                    |
|-------------------------------|---|---|--|--|------------------------------------|
| Fill in this                  | s information to identify your  | case:   |  |  |                                    |
| Debtor 1                      | Scott Allen Roby  |   |  |  |                                    |
|                               | First Name  | Middle Name   | Last Name  |  |                                    |
| Debtor 2<br>(Spouse if, fili  | ing) First Name   | Middle Name   | Last Name  |  |                                    |
| United Sta                    | ates Bankruptcy Court for the:  | NORTHERN DISTRICT (   | OF GEORGIA   |  |                                    |
| Case num                      | ber   |   |  |  |                                    |
| (if known)                    |   |   |  |  | Check if this is an amended filing |
| Officia                       | l Form 106H   |   |  |  |                                    |
| Sched                         | dule H: Your Code   | ebtors  |  |  | 12/15                              |
| 1. Do  No Yes  2. With Arizor |   | Answer every question.  you are filing a joint case, do  lived in a community pro Nevada, New Mexico, Pue | o not list either spouse a<br>operty state or territory?<br>rto Rico, Texas, Washing | s a codebtor.  C (Community property states                          | -                                  |
| in line<br>Form               | lumn 1, list all of your codebt<br>e 2 again as a codebtor only it<br>106D), Schedule E/F (Official<br>at Column 2. | f that person is a guarante   | or or cosigner. Make sı  | ire you have listed the credi  | tor on Schedule D (Officia         |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZII  | P Code  |  | Column 2: The creditor to Check all schedules that ap                | •                                  |
|                               | Caleecia Lackey<br>2715 Yanceyville Street<br>Apt. B<br>Greensboro, NC 27405  |   |  | ■ Schedule D, line2 □ Schedule E/F, line □ Schedule G Ally Financial |                                    |

Schedule H: Your Codebtors

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 29 of 61

| Deb                             | tor 1 S  | cott Allen F   | Roby   |   |   |
|---------------------------------|--|--|--|---|---|
|                                 | tor 2  |  |  |   |   |
| Uni                             | ed States Bankruptcy   | Court for the  | : NORTHERN DISTRI  | CT OF GEORGIA   |   |
| (If kn                          |  |  |  | _   | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:   |
| <u>O</u> 1                      | ficial Form 1  | <u>061</u>   |  |   | MM / DD/ YYYY   |
| So                              | hedule I: Yo   | our Inco   | ome  |   | 12/1  |
| sup <sub>l</sub><br>spo         | olying correct informuse. If you are separa  | nation. If you ated and you  | are married and not fill r spouse is not filing w  | ing jointly, and your spouse is li<br>vith you, do not include informat   | I and Debtor 2), both are equally responsible for<br>ving with you, include information about your<br>ion about your spouse. If more space is needed<br>id case number (if known). Answer every question          |
| sup <sub>l</sub><br>spo<br>atta | olying correct inform use. If you are separa th a separate sheet t   | nation. If you ated and you to this form.  | are married and not fill r spouse is not filing w  | ing jointly, and your spouse is li<br>vith you, do not include informat   | ving with you, include information about your tion about your spouse. If more space is needed   |
| supp<br>spor<br>attac           | olying correct informuse. If you are separate has separate sheet to Describe E   | nation. If you<br>ated and you<br>to this form. (<br>imployment<br>ment  | are married and not fili<br>r spouse is not filing w<br>On the top of any addit                          | ing jointly, and your spouse is li<br>vith you, do not include informat<br>ional pages, write your name an                            | ving with you, include information about your ion about your spouse. If more space is needed d case number (if known). Answer every questic   |
| supp<br>spor<br>attac           | olying correct informuse. If you are separate sheet to the describe E Fill in your employinformation.  | nation. If you ated and you to this form. It is imployment ment an one job, age with                                     | are married and not fill r spouse is not filing w  | ing jointly, and your spouse is li<br>vith you, do not include informat<br>ional pages, write your name an<br>Debtor 1                | ving with you, include information about your tion about your spouse. If more space is needed ad case number (if known). Answer every question between the case number (if known) and the case number (if known). |
| supp<br>spor<br>attac           | blying correct information.  If you have more that a separate sheet the separate sheet sheet the separate sheet sheet the separate sheet shee | nation. If you ated and you to this form. It is imployment ment an one job, age with                                     | are married and not fili<br>r spouse is not filing w<br>On the top of any addit                          | ing jointly, and your spouse is livith you, do not include informational pages, write your name and Debtor 1  Employed                | ving with you, include information about your tion about your spouse. If more space is needed ad case number (if known). Answer every question better 2 or non-filing spouse  Employed                            |
| supp<br>spor<br>attac           | blying correct information.  If you have more that attach a separate painformation about additional attach as a separate painformation about additional attach as a separate separate painformation attach as a separate separa | ation. If you ated and you to this form. (comployment ment an one job, age with additional easonal, or                   | are married and not fili<br>r spouse is not filing w<br>On the top of any addit                          | ing jointly, and your spouse is livith you, do not include informational pages, write your name and Debtor 1  Employed                | ving with you, include information about your tion about your spouse. If more space is needed ad case number (if known). Answer every question better 2 or non-filing spouse  Employed  Not employed              |
| supp<br>spot<br>attac           | Describe E  Fill in your employing information.  If you have more tha attach a separate painformation about additionable include part-time, see  | mation. If you ated and you to this form. It is imployment ment an one job, age with additional easonal, or aude student | are married and not fili r spouse is not filing w On the top of any addit  Employment status  Occupation | ing jointly, and your spouse is livith you, do not include informational pages, write your name and  Debtor 1  Employed  Not employed | Debtor 2 or non-filling spouse  Employed  Not employed  Clerk   |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

| Debtor 2 or filing spouse |     | For Debtor 1 |     |    |
|---------------------------|-----|--------------|-----|----|
| 2,153.00                  | \$  | 8,457.00     | \$  | 2. |
| 0.00                      | +\$ | 0.00         | +\$ | 3. |
| 2,153.00                  | \$  | 8,457.00     | \$  | 4. |

Official Form 106I Schedule I: Your Income page 1

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 30 of 61

| Deb   | tor 1  | Scott Allen Roby   | _   | Case           | number (if known)  |  |  |          |
|-------|--|--|---|----------------|--|--|--|----------|
|       | Сор  | by line 4 here   | 4.  | For            | Debtor 1 8,457.00  | For Debtor non-filing s  |  |          |
| 5.    | List   | all payroll deductions:  |   |                |  |  |  |          |
|       | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Teamster Roth DESPP Regular United Way PRU Aftax 401K  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | \$<br>\$<br>\$ | 2,040.00<br>0.00<br>423.00<br>0.00<br>705.00<br>380.00<br>76.00<br>423.00<br>217.00<br>87.00<br>423.00 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 195.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 |          |
| 6.    |  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.  | \$_            | 4,774.00   | \$   | 195.00   |          |
| 7. 8. |  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                                     | \$             | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | \$<br>\$<br>\$<br>\$<br>\$<br>\$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                           |          |
| 9.    | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$             | 0.00   | \$   | 0.00   |          |
| 10.   |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  |                | 3,683.00 + \$_   | 1,958.00   | = \$   | 5,641.00 |
| 11.   | Inclu<br>othe  | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:   | r deper   |                |  | ed in <i>Schedu</i>  | le J.<br>+\$   | 0.00     |
| 12.   |  | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies   |   |                |  |  | \$Combine  |          |
| 13.   | Do y   | you expect an increase or decrease within the year after you file this form No.  | ?   |                |  |  |  |          |

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 31 of 61

| Fill in this          | information to identify y                           | our case:                  |   |  |             |                   |  |
|-----------------------|---|----------------------------|---|--|-------------|-------------------|--|
| Debtor 1              | Scott Allen   | Roby                       |   |  | Che         | ck if this is:    |  |
| Debtor 2              |   |                            |   |  |             | An amended filing |  |
| (Spouse, if t         | filing)   |                            |   |  |             | 13 expenses as of | wing postpetition chapter the following date:          |
| United State          | es Bankruntov Court for the                         | · NORTH                    | ERN DISTRICT OF GEOR  | RGIA                                     |             | MM / DD / YYYY    |  |
|                       |   | . 1001(111                 | LINI DIOTINOT OF GEO  | KOIA                                     |             | WINT, DD, TTTT    |  |
| (If known)            | er  |                            |   |  |             |                   |  |
|                       |   |                            |   |  |             |                   |  |
| Officia               | al Form 106J  |                            |   |  |             |                   |  |
| Sched                 | dule J: Your  | Expen                      | ses   |  |             |                   | 12/1   |
| information number (i | on. If more space is no<br>if known). Answer eve    | eeded, atta<br>ry question | If two married people and ch another sheet to this n.       |  |             |                   |  |
|                       | Describe Your Houses a joint case?                  | enoia                      |   |  |             |                   |  |
| • • •                 | o. Go to line 2. es. <b>Does Debtor 2 live</b>      | in a separa                | ate household?  |  |             |                   |  |
|                       | □ No  | •                          |   |  |             |                   |  |
|                       |   | st file Offici             | al Form 106J-2, <i>Expense</i> s                            | s for Separate Hous                      | ehold of De | btor 2.           |  |
| 2. <b>Do y</b>        | ou have dependents?                                 | ■ No                       |   |  |             |                   |  |
|                       | ot list Debtor 1<br>Debtor 2.                       | ☐ Yes.                     | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age   | Does dependent live with you?                          |
| Do no                 | ot state the  |                            |   |  |             |                   | □ No   |
| depe                  | ndents names.                                       |                            |   |  |             |                   | ☐ Yes  |
|                       |   |                            |   |  |             |                   | □ No   |
|                       |   |                            |   |  |             |                   | ☐ Yes<br>☐ No  |
|                       |   |                            |   |  |             |                   | ⊔ No<br>□ Yes  |
|                       |   |                            |   |  |             |                   | □ No   |
|                       |   |                            |   |  |             |                   | ☐ Yes  |
|                       | our expenses include                                | than                       | No  |  |             | _                 |  |
|                       | self and your depende                               |                            | Yes   |  |             |                   |  |
| Estimate              | as of a date after the                              | our bankru                 | iptcy filing date unless y                                  |  |             |                   | apter 13 case to report<br>of the form and fill in the |
| the value             |   |                            | government assistance i<br>luded it on <i>Schedule I:</i> Y |  |             | Your exp          | enses  |
| •                     | ,   |                            |   |  |             |                   |  |
|                       | rental or home owners<br>nents and any rent for the |                            | ses for your residence. I<br>r lot.                         | nclude first mortgag                     | je<br>4. :  | \$                | 1,100.00   |
| If no                 | t included in line 4:                               |                            |   |  |             |                   |  |
| 4a.                   | Real estate taxes                                   |                            |   |  | 4a.         | \$                | 0.00   |
| 4b.                   | Property, homeowner                                 | s, or renter               | s insurance   |  | 4b.         | \$                | 0.00   |
| 4c.                   | Home maintenance, r                                 | •                          |   |  | 4c.         | :                 | 155.00   |
| 4d.                   | Homeowner's associa                                 |                            | dominium dues   | mo oquity loons                          | 4d.         | <b>5</b>          | 42.00  |

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 32 of 61

| Deb | otor 1 | Scott Al      | len Roby   | Case num        | nber (if known)   |                            |
|-----|--------|---------------|--|-----------------|-------------------|----------------------------|
| 6.  | Utilit | ies:          |  |                 |                   |                            |
| ٥.  | 6a.    |               | , heat, natural gas  | 6a.             | \$                | 455.00                     |
|     | 6b.    | •             | wer, garbage collection  | 6b.             | \$                | 125.00                     |
|     | 6c.    |               | e, cell phone, Internet, satellite, and cable services   | 6c.             | \$                | 475.00                     |
|     | 6d.    | Other. Sp     | ecify:   | 6d.             | \$                | 0.00                       |
| 7.  | Food   |               | ekeeping supplies  | 7.              | ·                 | 500.00                     |
| 8.  |        |               | children's education costs   | 8.              | ·                 | 0.00                       |
| 9.  |        |               | lry, and dry cleaning  | 9.              | ·                 | 0.00                       |
| -   |        | -             | products and services  | 10.             | ·                 | 24.00                      |
|     |        |               | ntal expenses  | 11.             | ·                 | 200.00                     |
|     |        |               | Include gas, maintenance, bus or train fare.   |                 | <u> </u>          | 200.00                     |
|     |        |               | ar payments.   | 12.             | \$                | 490.00                     |
| 13. |        |               | clubs, recreation, newspapers, magazines, and books  | 13.             | \$                | 0.00                       |
|     |        |               | ributions and religious donations  | 14.             | \$                | 0.00                       |
| 15. | Insu   | rance.        | •  |                 | · -               |                            |
|     | Do no  | ot include ir | nsurance deducted from your pay or included in lines 4 or 20.  |                 |                   |                            |
|     | 15a.   | Life insura   | ance   | 15a.            | \$                | 0.00                       |
|     | 15b.   | Health ins    | urance   | 15b.            | \$                | 0.00                       |
|     | 15c.   | Vehicle in    | surance  | 15c.            | \$                | 400.00                     |
|     | 15d.   | Other insu    | urance. Specify:   | 15d.            | \$                | 0.00                       |
| 16. | Taxe   | s. Do not ir  | nclude taxes deducted from your pay or included in lines 4 or 20.  |                 |                   |                            |
|     | Spec   | cify:         |  | 16.             | \$                | 0.00                       |
| 17. |        |               | ease payments:   |                 |                   |                            |
|     |        |               | ents for Vehicle 1   | 17a.            | ·                 | 0.00                       |
|     |        |               | ents for Vehicle 2   | 17b.            | \$                | 0.00                       |
|     |        |               | ecify: NFS car payment   | 17c.            | *                 | 300.00                     |
|     | 17d.   | Other. Sp     | ecify:   | 17d.            | \$                | 0.00                       |
| 18. |        |               | of alimony, maintenance, and support that you did not repor  |                 | Φ.                | 0.00                       |
|     | dedu   | icted from    | your pay on line 5, Schedule I, Your Income (Official Form 10  | <b>18</b> . 18. | · .               | 0.00                       |
| 19. |        |               | s you make to support others who do not live with you.   |                 | \$                | 0.00                       |
|     | Spec   |               |  | 19.             |                   |                            |
| 20. |        |               | erty expenses not included in lines 4 or 5 of this form or on 5  |                 |                   | 0.00                       |
|     |        |               | s on other property  | 20a.            | ·                 | 0.00                       |
|     |        | Real esta     |  | 20b.            | ·                 | 0.00                       |
|     |        |               | homeowner's, or renter's insurance   | 20c.            | ·                 | 0.00                       |
|     |        |               | nce, repair, and upkeep expenses   | 20d.            |                   | 0.00                       |
|     |        |               | er's association or condominium dues   | 20e.            | · .               | 0.00                       |
| 21. | Othe   | r: Specify:   |  | 21.             | _+\$              | 0.00                       |
| 22  | Calc   | ulate vour    | monthly expenses   |                 |                   |                            |
|     |        | -             | through 21.  |                 | \$                | 4,266.00                   |
|     |        |               | 2 (monthly expenses for Debtor 2), if any, from Official Form 106.   | I-2             | \$                | 4,200.00                   |
|     |        |               |  | 0 2             | ·                 | 4.000.00                   |
|     | 22c.   | Add line 22   | a and 22b. The result is your monthly expenses.  |                 | \$                | 4,266.00                   |
| 23. | Calc   | ulate your    | monthly net income.  |                 |                   |                            |
|     |        |               | 12 (your combined monthly income) from Schedule I.   | 23a.            | \$                | 5,641.00                   |
|     |        |               | monthly expenses from line 22c above.  | 23b.            | · ·               | 4,266.00                   |
|     |        | ) ) 5 00      | , 1  | _32.            |                   |                            |
|     | 23c.   | Subtract y    | your monthly expenses from your monthly income.  |                 |                   | 4 0== 00                   |
|     |        |               | is your monthly net income.  | 23c.            | \$                | 1,375.00                   |
|     |        |               | •  |                 |                   |                            |
| 24. |        |               | an increase or decrease in your expenses within the year afte  |                 |                   |                            |
|     |        |               | ou expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage? | our mortgage pa | ayment to increas | e or decrease because of a |
|     |        |               | terms or your mongage!   |                 |                   |                            |
|     | ■ No   |               | [= · · ·   |                 |                   |                            |
|     | ☐ Ye   | es            | Explain here:  |                 |                   |                            |

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 33 of 61

### **United States Bankruptcy Court** Northern District of Georgia

| In re    | Scott Allen Roby   |                                   | Case              | No.      |                       |                |
|----------|--|-----------------------------------|-------------------|----------|-----------------------|----------------|
|          | ·  | Debtor(s)                         | Cha               | pter     | 13                    |                |
|          |  |                                   |                   |          |                       |                |
|          | BUSINESS IN  | NCOME AND EX                      | PENSES            |          |                       |                |
| <u>F</u> | INANCIAL REVIEW OF THE DEBTOR'S BUSIN                            | NESS (NOTE: ONLY INCLUI           | DE information of | directly | related to the busine | ss operation.) |
| PART     | A - GROSS BUSINESS INCOME FOR PREVIOU                            | JS 12 MONTHS:                     |                   |          |                       |                |
|          | 1. Gross Income For 12 Months Prior to Filing:                   |                                   | \$                |          | 0.00                  |                |
| PART     | B - ESTIMATED AVERAGE FUTURE GROSS N                             | MONTHLY INCOME:                   |                   |          |                       |                |
|          | 2. Gross Monthly Income  |                                   |                   |          | \$                    | 0.00           |
| PART     | C - ESTIMATED FUTURE MONTHLY EXPENS                              | SES:                              |                   |          |                       |                |
|          | 3. Net Employee Payroll (Other Than Debtor)                      |                                   | \$                |          | 0.00                  |                |
|          | 4. Payroll Taxes   |                                   |                   |          | 0.00                  |                |
|          | 5. Unemployment Taxes  |                                   |                   |          | 0.00                  |                |
|          | 6. Worker's Compensation   |                                   |                   |          | 0.00                  |                |
|          | 7. Other Taxes   |                                   |                   |          | 0.00                  |                |
|          | 8. Inventory Purchases (Including raw materials)                 |                                   |                   |          | 0.00                  |                |
|          | 9. Purchase of Feed/Fertilizer/Seed/Spray                        |                                   |                   |          | 0.00                  |                |
|          | 10. Rent (Other than debtor's principal residence)               |                                   |                   |          | 0.00                  |                |
|          | 11. Utilities  |                                   |                   |          | 0.00                  |                |
|          | 12. Office Expenses and Supplies                                 |                                   |                   |          | 0.00                  |                |
|          | 13. Repairs and Maintenance                                      |                                   |                   |          | 0.00                  |                |
|          | 14. Vehicle Expenses   |                                   |                   |          | 0.00                  |                |
|          | 15. Travel and Entertainment                                     |                                   |                   |          | 0.00                  |                |
|          | 16. Equipment Rental and Leases                                  |                                   |                   |          | 0.00                  |                |
|          | 17. Legal/Accounting/Other Professional Fees                     |                                   |                   |          | 0.00                  |                |
|          | 18. Insurance  |                                   |                   |          | 0.00                  |                |
|          | 19. Employee Benefits (e.g., pension, medical, etc.)             |                                   |                   |          | 0.00                  |                |
|          | 20. Payments to Be Made Directly By Debtor to Secured Credi      | tors For Pre-Petition Business De | ebts (Specify):   |          |                       |                |
|          | DESCRIPTION  | ТО                                | TAL               |          |                       |                |
|          | 21. Other (Specify):   |                                   |                   |          |                       |                |
|          | DESCRIPTION  | ТО                                | TAL               |          |                       |                |
|          | 22. Total Monthly Expenses (Add items 3-21)                      |                                   |                   |          | \$                    | 0.00           |
| PART     | D - ESTIMATED AVERAGE NET MONTHLY I                              | NCOME:                            |                   |          |                       |                |
|          | $23. \ AVERAGE \ NET \ MONTHLY \ INCOME \ (Subtract \ item \ 22$ | from item 2)                      |                   |          | \$                    | 0.00           |
|          |  |                                   |                   |          |                       |                |

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 34 of 61

| F:U :- 41   |                  |  |                         |               |                    |                   | 1                                     |
|-------------|------------------|--|-------------------------|---------------|--------------------|-------------------|---------------------------------------|
|             |                  | ation to identify your                 | case:                   |               |                    |                   |                                       |
| Debtor 1    |                  | Scott Allen Roby First Name            | Middle Name             | l a           | st Name            |                   |                                       |
| Debtor 2    | 2                | T Hot Name                             | Wilder Hame             |               | orivanio           |                   |                                       |
| (Spouse if, | filing)          | First Name                             | Middle Name             | La            | st Name            | _                 |                                       |
| United S    | States Bank      | ruptcy Court for the:                  | NORTHERN DISTRI         | CT OF GEOR    | GIA                |                   |                                       |
| Case nu     | ımber            |  |                         |               |                    |                   |                                       |
| (if known)  |                  |  |                         |               |                    |                   | ☐ Check if this is an                 |
|             |                  |  |                         |               |                    |                   | amended filing                        |
|             |                  |  |                         |               |                    |                   |                                       |
| Officia     | al Form          | 106Dec                                 |                         |               |                    |                   |                                       |
| Decl        | aratio           | on About a                             | n Individua             | I Debt        | or's Sch           | edules            | 12/15                                 |
|             |                  |  |                         |               |                    |                   | .2.13                                 |
| If two ma   | arried peop      | ple are filing togethe                 | r, both are equally res | ponsible for  | supplying corre    | ct information.   |                                       |
| You mus     | st file this f   | form whenever you fi                   | le bankruptcy schedu    | lles or amend | led schedules. N   | Making a false st | atement, concealing property, or      |
| obtaining   | g money o        | r property by fraud in                 | n connection with a ba  |               |                    |                   | 000, or imprisonment for up to 20     |
| years, or   | both. 18 U       | J.S.C. §§ 152, 1341, 1                 | 519, and 3571.          |               |                    |                   |                                       |
|             |                  |  |                         |               |                    |                   |                                       |
|             | Sign E           | Below                                  |                         |               |                    |                   |                                       |
| D: 1        |                  |  |                         |               | eu                 |                   |                                       |
| Dia         | i you pay c      | or agree to pay some                   | one who is NOT an at    | torney to nei | p you fill out bar | nkruptcy forms?   |                                       |
|             | No               |  |                         |               |                    |                   |                                       |
|             | Yes. Nar         | me of person                           |                         |               |                    |                   | nkruptcy Petition Preparer's Notice,  |
|             |                  |  |                         |               |                    | Declaration       | on, and Signature (Official Form 119) |
|             |                  |  |                         |               |                    |                   |                                       |
|             |                  | of perjury, I declare rue and correct. | that I have read the si | ummary and    | schedules filed    | with this declara | tion and                              |
| Y           | Icl Scott        | Allon Boby                             |                         | х             |                    |                   |                                       |
|             | Scott All        | Allen Roby<br>en Roby                  |                         | ^             | Signature of De    | ebtor 2           |                                       |
|             |                  | of Debtor 1                            |                         |               | - g 3. 2 c         | <del>-</del>      |                                       |
|             | Date <b>E</b> al | bruary 5, 2018                         |                         |               | Date               |                   |                                       |
|             | Dailo FE         | Diddiy 3, 2010                         |                         |               |                    |                   |                                       |

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main

| Fill in this information to identify your case: |                  |                   |            |  |  |  |  |
|---|------------------|-------------------|------------|--|--|--|--|
| Debtor 1  | Scott Allen Roby |                   |            |  |  |  |  |
|   | First Name       | Middle Name       | Last Name  |  |  |  |  |
| Debtor 2  |                  |                   |            |  |  |  |  |
| (Spouse if, filing)                             | First Name       | Middle Name       | Last Name  |  |  |  |  |
| United States Bankruptcy Court for the:         |                  | NORTHERN DISTRICT | OF GEORGIA |  |  |  |  |
| Case number _                                   |                  |                   |            |  |  |  |  |
|   |                  |                   |            |  |  |  |  |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your assets Value of what you own |           |
|-----|--|-----------------------------------|-----------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                                | 0.00      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                                | 47,200.00 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                                | 47,200.00 |
| Pai | t 2: Summarize Your Liabilities  |                                   |           |
|     |  | Your liabilities Amount you owe   |           |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                                | 35,337.00 |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                                | 0.00      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                                | 22,328.00 |
|     | Your total liabilities   | \$                                | 57,665.00 |
| Pai | t 3: Summarize Your Income and Expenses  |                                   |           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                                | 5,641.00  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                                | 4,266.00  |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |                                   |           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so                       | hedules.  |
| 7.  | ■ Yes What kind of debt do you have?   |                                   |           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

#### Case 18-51884-pmb Entered 02/05/18 10:12:41 Desc Main Doc 1 Filed 02/05/18 Page 36 of 61 Case number (if known) Document

Debtor 1 Scott Allen Roby

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9,866.79

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 37 of 61

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Georgia

| In r | re Scott Allen Roby   | Case I  | lo.  |               |
|------|---|---|--|---------------|
|      | Debtor(s)   | Chapte  | er <b>13</b>   |               |
|      | DISCLOSURE OF COMPENSATION OF AT  | TORNEY FOR  | DEBTOR(S)  |               |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the compensation paid to me within one year before the filing of the petition in bankr be rendered on behalf of the debtor(s) in contemplation of or in connection with t   | ruptcy, or agreed to be   | paid to me, for services rendered                          | d or to       |
|      | For legal services, I have agreed to accept   | \$  | 4,000.00   |               |
|      | Prior to the filing of this statement I have received   | \$  | 0.00   |               |
|      | Balance Due   |   | 4,000.00   |               |
| 2.   | The source of the compensation paid to me was:  |   |  |               |
|      | ■ Debtor □ Other (specify):   |   |  |               |
| 3.   | The source of compensation to be paid to me is:   |   |  |               |
|      | ■ Debtor □ Other (specify):   |   |  |               |
| 4.   | ■ I have not agreed to share the above-disclosed compensation with any other p  | person unless they are n  | nembers and associates of my la                            | aw firm.      |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or per copy of the agreement, together with a list of the names of the people sharing   | in the compensation is  | attached.  | m. A          |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all  | aspects of the bankrupt   | cy case, including:  |               |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hear</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value reaffirmation agreements and applications as needed; prepared 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> | which may be required<br>ing, and any adjourned<br>e; exemption plann | ; hearings thereof; ing; preparation and filing            | of            |
|      | Representation at the meeting of creditors and confirmation & Associates, LLC or an attorney with whom Burrow & Associates  |   |  |               |
|      | Attorney Fees upon Conversion From Chapter 13 To Chapter The Chapter 13 Trustee is authorized to deliver to Debtor's disclosed herein not to exceed (i) \$2,500.00 upon a pre-confir post-confirmation conversion. Any payments made to Debto these fees.   | s attorney the unpair<br>rmation conversion                           | and (ii) the allowed fees u                                | pon a         |
|      | Attorney Fees Upon Dismissal Prior To Confirmation: If the Chapter 13 case is dismissed prior to confirmation, expense in the amount of \$2,500.00, or the fee set forth herei 503(b), subject to objection, unless the court orders otherwis compliance with Fed. R. Bankr. P. 2016(a) for any fees sough  | n, whichever is less<br>se. Debtor's attorne                          | , pursuant to 11 U.S.C. Se<br>y may file a fee applicatior | ction<br>n in |
|      | Attorney Fees Upon Dismissal After Confirmation: If the Chapter 13 case is dismissed after confirmaton of the Debtor's attorney any allowed fees that are unpaid from the form  |   | 13 Trustee is authorized to                                | o pay         |
| 6.   | By agreement with the debtor(s), the above-disclosed fee does not include the following Service:  Post-Confirmation Modification of Plan Payment  Post-Confirmation MFR for non-payment or no insurance  Post-Confirmation MFR repayment disputes  Motion to Sell Property of the Estate  | Fee:<br>\$300.00<br>\$300.00<br>\$500.00                              |  |               |

Application to Employ a Professional......\$300.00

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 38 of 61

Debtor(s)

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| \$300.00     |
|--------------|
| \$300.00     |
| \$250.00     |
| \$300.00     |
| \$300.00     |
| \$500.00     |
| \$500.00     |
| \$300.00     |
| \$300.00/hr. |
| \$350.00     |
| \$300.00     |
| \$350.00     |
|              |

Postage - If servicing to more than 50 creditors is required, a postage fee will be applied as follows:

Number of Creditors Fee 51 - 100 \$50.00 101 - 150 \$75.00 151 - 200 \$100.00

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys."

| February 5, 2018 | /s/ Darrell L. Burrow    |
|------------------|--------------------------|
| Date             | Darrell L. Burrow 097495 |
|                  | Signature of Attorney    |
|                  | Burrow & Associates, LLC |
|                  | 2280 Satellite Blvd.     |
|                  | Bldg. A, Suite 100       |

Duluth, GA 30097 678-942-8640 Fax: 678-745-0412

burrowlaw@yahoo.com

 $Name\ of\ law\ firm$ 

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Ar Resources Inc Bankruptcy Po Box 1056 Blue Bell, PA 19422

Caleecia Lackey 2715 Yanceyville Street Apt. B Greensboro, NC 27405

Creditone Llc Po Box 625 Metairie, LA 70004

Deville Asset Manageme 1132 Glade Rd Colleyville, TX 76034

Fulton County DFACS 1526 Forest Avenue Atlanta, GA 30344

Georgia Department of Revenue Accounts Receivable Collection 1800 Century Blvd, NE Suite 9100 Atlanta, GA 30345

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Pamela Roby 120 Lakeside Pointe Covington, GA 30016 Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 41 of 61

#### **United States Bankruptcy Court** Northern District of Georgia

|        |                                  | Northern District of Georgia                           |                  |                       |
|--------|----------------------------------|--|------------------|-----------------------|
| In re  | Scott Allen Roby                 |  | Case No.         |                       |
|        |                                  | Debtor(s)  | Chapter          | 13                    |
|        | VER                              | RIFICATION OF CREDITOR M                               | IATRIX           |                       |
|        |                                  |  |                  |                       |
| he abo | ove-named Debtor hereby verifies | s that the attached list of creditors is true and corn | rect to the best | of his/her knowledge. |
| Date:  | February 5, 2018                 | /s/ Scott Allen Roby                                   |                  |                       |
|        |                                  | Scott Allen Roby                                       |                  |                       |
|        |                                  | Signature of Debtor                                    |                  |                       |

| Fill in this inform             | nation to identify your case | e:                           |
|---------------------------------|------------------------------|------------------------------|
| Debtor 1                        | Scott Allen Roby             |                              |
| Debtor 2<br>(Spouse, if filing) |                              |                              |
| United States B                 | ankruptcy Court for the:     | Northern District of Georgia |
| Case number<br>(if known)       |                              |                              |

| Check as directed in lines 17 and 21:  |
|--|
| According to the calculations required by this Statement:                                  |
| <ul><li>1. Disposable income is not determined under<br/>11 U.S.C. § 1325(b)(3).</li></ul> |
| <ul> <li>2. Disposable income is determined under 11<br/>U.S.C. § 1325(b)(3).</li> </ul>   |
| 3. The commitment period is 3 years.   |
| 4. The commitment period is 5 years.   |
|  |

#### ☐ Check if this is an amended filing

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A. lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before 7.808.16 2.058.63 all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 \$ Column B is filled in. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions)

0.00

0.00

0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

-\$

Debtor 1

-\$

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Gross receipts (before all deductions)

Net monthly income from a business, profession, or farm \$

0.00

0.00

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 43 of 61

**Scott Allen Roby** Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 7.808.16 2.058.63 \$ 9.866.79 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 9,866.79 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 9,866.79 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 9.866.79 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. .....

118,401.48

Document Page 44 of 61

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Scott Allen Roby Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. GA 2 16b. Fill in the number of people in your household. 58.363.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 9,866.79 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 19b. Subtract line 19a from line 18. \$ 9,866.79 20. Calculate your current monthly income for the year. Follow these steps: 9.866.79 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 118,401.48 20b. The result is your current monthly income for the year for this part of the form 20c. Copy the median family income for your state and size of household from line 16c 58,363.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

#### Part 4:

#### X /s/ Scott Allen Roby

Scott Allen Roby

Signature of Debtor 1

Date February 5, 2018

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

# Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 45 of 61

| Fill in          | this info              | rmation t   | o ide   | ntify you           | ır case:               |                  |                   |                    |                 |                                |                      |         |          |         |         |          |         |         |         |       |
|------------------|------------------------|---|---------|---------------------|------------------------|------------------|-------------------|--------------------|-----------------|--------------------------------|----------------------|---------|----------|---------|---------|----------|---------|---------|---------|-------|
| Debtor           | r 1                    | Scott A   | llen F  | Roby                |                        |                  |                   |                    |                 | _                              |                      |         |          |         |         |          |         |         |         |       |
| Debtor<br>(Spous | r 2<br>se, if filing   | g)  |         |                     |                        |                  |                   |                    |                 |                                |                      |         |          |         |         |          |         |         |         |       |
| United           | States B               | ankruptcy   | Cour    | for the:            | Northe                 | rn District      | t of Geo          | orgia              |                 | _                              |                      |         |          |         |         |          |         |         |         |       |
| Case r           | number<br>wn)          |   |         |                     |                        |                  |                   |                    |                 |                                |                      |         |          | ] Che   | ck if t | his is   | an am   | ended   | l filin | g     |
| Official         | l Form 12              | 22C-2   |         |                     |                        |                  |                   |                    |                 |                                |                      |         |          |         |         |          |         |         |         |       |
| Cha              | pter                   | 13 Ca   | lcu     | latio               | n of `                 | Your             | Disp              | pos                | able            | ) In                           | cor                  | ne      |          |         |         |          |         |         |         | 04/16 |
|                  |                        | orm, you<br>eriod (Off                              |         |                     |                        | eted copy        | y of <i>Ch</i>    | apter 1            | 13 Stat         | temer                          | nt of Y              | our Cu  | urrent   | Month   | hly Inc | ome a    | nd Cal  | culatio | on of   |       |
| space i          | is neede               | and accu<br>d, attach a<br>es, write y              | a sepa  | arate sh            | eet to thi             | is form, I       | Include           | the lir            |                 |                                |                      |         |          |         |         |          |         |         |         |       |
| Part 1           | Cal                    | culate Yo   | ur De   | duction             | s from Y               | our Inco         | me                |                    |                 |                                |                      |         |          |         |         |          |         |         |         |       |
| the              | question               | Revenue<br>is in lines<br>may also                  | 6-15.   | To find             | the IRS                | standard         | ds, go d          | online             | using           |                                |                      |         |          |         |         |          |         |         |         |       |
| expe             | enses if tl            | xpense an<br>hey are hiç<br>do not de               | gher tl | nan the s           | standards              | . Do not i       | include           | any op             | perating        | g expe                         | enses                | that yo | u subt   | racted  | from    | income   |         |         |         |       |
| If yo            | our expen              | ses differ  | from r  | nonth to            | month, e               | nter the a       | average           | e expen            | ise.            |                                |                      |         |          |         |         |          |         |         |         |       |
| Note             | e: Line nu             | ımbers 1-4  | 4 are r | ot used             | in this for            | rm. These        | e numb            | ers app            | ply to in       | nform                          | ation r              | require | d by a   | similar | r form  | used ir  | n chapt | er 7 ca | ses.    |       |
| 5.               | The nur                | mber of p   | eople   | used in             | determi                | ning you         | ır dedu           | ıctions            | from i          | incon                          | ne                   |         |          |         |         |          |         |         |         |       |
|                  | plus the               | e number<br>number o<br>ber of pec                  | of any  | additiona           | al depend              |                  |                   |                    |                 |                                |                      |         |          |         |         |          | 2       |         |         |       |
| Nati             | ional Sta              | ndards  |         | You m               | ust use th             | ne IRS Na        | ational (         | Standa             | rds to          | answe                          | er the               | questic | ons in I | ines 6- | -7.     |          |         |         |         |       |
| 6.               |                        | l <b>othing, a</b><br>ds, fill in th                |         |                     |                        |                  |                   |                    |                 | tered                          | in line              | 5 and   | the IR   | S Natio | onal    |          | \$      |         | 1,1     | 32.00 |
| 7.               | the dollar<br>people v | pocket he<br>ar amount<br>who are 65<br>han this IR | for ou  | t-of-pock<br>derbec | et health<br>ause olde | care. The people | ne numb<br>have a | ber of p<br>higher | eople<br>IRS al | is spli <sup>.</sup><br>Ilowar | it into t<br>nce for | two cat | egorie:  | speo    | ple wh  | io are ι | ınder 6 | 5 and   |         |       |

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 46 of 61

Debtor 1 Scott Allen Roby Case number (if known)

| cohie (                                | who are under 65 years of age   |   |   |   |                        |                                 |
|--|---|---|---|---|------------------------|---------------------------------|
| 7a.                                    | Out-of-pocket health care allowance per person  | \$  |   |   |                        |                                 |
| 7b.                                    | Number of people who are under 65   | X2  |   |   |                        |                                 |
| 7c.                                    | Subtotal. Multiply line 7a by line 7b.  | \$  | Copy here=  | > \$                                      | 98.00                  |                                 |
| eople v                                | who are 65 years of age or older  |   |   |   |                        |                                 |
| 7d.                                    | Out-of-pocket health care allowance per person  | \$ 117  |   |   |                        |                                 |
| 7e.                                    | Number of people who are 65 or older  | x <b>0</b>  |   |   |                        |                                 |
| 7f.                                    | Subtotal. Multiply line 7d by line 7e.  | \$  | Copy here=>   | > \$                                      | 0.00                   |                                 |
| 7g.                                    | Total. Add line 7c and line 7f  | \$_   | 98.00   | Copy to                                   | otal here=>            | \$98.00                         |
| ocal St                                | tandards You must use the IRS Local Standards   | to answer the questions i   | in lines 8-15.  |   |                        |                                 |
|  | on information from the IRS, the U.S. Trustee Protcy purposes into two parts:   | ogram has divided the II  | RS Local Standar  | rd for housi                              | ng for                 |                                 |
| Hous                                   | sing and utilities - Insurance and operating expe   | enses   |   |   |                        |                                 |
| Hous                                   | sing and utilities - Mortgage or rent expenses  |   |   |   |                        |                                 |
| eparate                                | ver the questions in lines 8-9, use the U.S. Trust<br>e instructions for this form. This chart may also   | be available at the bank  | ruptcy clerk's of   | fice.                                     | •                      | specifica in the                |
| eparate<br>Hou<br>fill i               | e instructions for this form. This chart may also using and utilities - Insurance and operating expired the dollar amount listed for your county for insurausing and utilities - Mortgage or rent expenses:   | be available at the bank<br>penses: Using the number<br>nce and operating expens  | <b>cruptcy clerk's of</b><br>er of people you er                        | fice.                                     | •                      | •                               |
| eparate<br>Hou<br>fill i               | e instructions for this form. This chart may also using and utilities - Insurance and operating expinithe dollar amount listed for your county for insura   | be available at the bank<br>penses: Using the number<br>nce and operating expenses,<br>fill in the dollar amount  | <b>cruptcy clerk's of</b><br>er of people you er                        | fice.<br>ntered in line                   | 5.                     | •                               |
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| eparate<br>Hoo<br>fill i<br>Hoo<br>9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating expenses the dollar amount listed for your county for insurausing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the  | be available at the bank<br>penses: Using the number<br>nce and operating expenses,<br>fill in the dollar amount<br>ses.<br>and other debts secured<br>add all amounts that are   | kruptcy clerk's offer of people you er ses.                             | fice.<br>ntered in line                   | • 5,<br>\$_            | •                               |
| eparate<br>Hoo<br>fill i<br>Hoo<br>9a. | e instructions for this form. This chart may also using and utilities - Insurance and operating exponent the dollar amount listed for your county for insural using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the form of the secured creditor. Next divide by 60.   | be available at the bank<br>penses: Using the number<br>nce and operating expenses,<br>fill in the dollar amount<br>ses.  and other debts secured<br>add all amounts that are<br>60 months after you file                             | kruptcy clerk's offer of people you er ses.                             | fice.<br>ntered in line                   | • 5,<br>\$_            | 601.0                           |
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| eparate Hor fill i Hor 9a. 9b.         | e instructions for this form. This chart may also using and utilities - Insurance and operating expine the dollar amount listed for your county for insurausing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-  9b. Total average monthly payment Net mortgage or rent expense.  Subtract line 9b (total average monthly payment) | be available at the bank penses: Using the number nce and operating expenses, fill in the dollar amount ses.  and other debts secured add all amounts that are 60 months after you file  Average monthly payment  \$                  | cruptcy clerk's offer of people you er ses.  by your home.  Copy here=> | fice. htered in line  \$1,  -\$  1,453.00 | 0.00<br>Copy<br>here=> | Repeat this amount on line 33a. |

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 47 of 61

Scott Allen Roby Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 229.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2017 Dodge Ram 20,000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 485.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Ally Financial 666.85 Repeat this Copy Total Average Monthly Payment 666.85 666.85 here => line 33h 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may

also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

## Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 48 of 61

Debtor 1 Scott Allen Roby Case number (if known)

| 18. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, scale-employment taxes, social scarrify taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for the contributions, union dues, and uniform costs.  19. To not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If the total monthly amount that you pay for your own term life insurance. If the total monthly amount that you pay for your own term life insurance. If the total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support yaur pays as required by the order of a court or administrative agency, such as spousal or child support payments.  19. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  19. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20.00  21. Education: The total monthly amount that you pay for education that is either required:  22. Education: The total monthly amount that you pay for deucation that is either required.  23. Optional telephone and the phone and telephone services. The total monthly amount that you pay for health care that is required for the health and welfater of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that you pay for telephone services. The total monthly amount that you pay fo     | Oth | er Necessary Expense  | In addition to the expe<br>the following IRS cate   |   | s listed above                          | , you are allowed your monthly expenses  | s for          |          |
|--|-----|---|---|---|---|--|----------------|----------|
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union uses, and uniform coals.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. It two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  19. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  20. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  30.00  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  30.00  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  31. Do not include payments for any elementary or secondary school education.  32. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than that you pay for health murance or health insurance or health insurance and telephone services. The total monthly amount that you pay for telecommunication services for you and your dependents, such as appears, call waining, caller identifications, special long distance, or business call phone service, to the exten     | 16. | self-employment taxes,<br>from your pay for these<br>12 and subtract that nu  | ¢   | 2 040 00  |   |  |                |          |
| contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401 (k) contributions or payroll savings.  10. It is insurance. The total monthly premiums that you pay for your own term life insurance. If two married people are tiling together, include payments that your subjects term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than term.  11. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  10. Court-ordered payments on past due obligations for spousal or child support. You will list these obligations in line 35.  10. Court-ordered payments on past due obligations for spousal or child support. You will list these obligations in line 35.  10. Court-ordered payments on past due obligations for spousal or child support. You will list these obligations in line 35.  10. Court-ordered payments on past due obligations for spousal or child support. You will list these obligations in line 35.  10. Court-ordered payments for any elementary or secondary school education is available for similar services.  10. Court-ordered payments for any elementary or secondary school education.  11. Court-ordered payments for any elementary or secondary school education.  12. Childrace: The total monthly amount that you pay for elements and that you pay for health care that is required for the health and welfare or that of you pay for letelocure payments for health and welfare or the payments for health insurance or health savings accounts should be listed only in line 25.  13. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and power lambly and the st     |     |   |   |   |   |  | Φ_             | 2,040.00 |
| 18. Life insurance: The total monthly premiums that you pay for your own term life insurance, or for any form of life insurance. The total monthly premiums that you make for your spouse's term life insurance. On or to include premiums for life insurance, or your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  ■ as a condition for your job, or  ■ for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts hould be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as a speeps, call winding, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Modificant Expense Deductions  26. These are additional deductions allowed by the Means Test.  27. Note: Do not include any expense allowances is listed in lines 6-24.  28. Health insurance, disability insurance, and health savings a      | 17. | contributions, union du   | es, and uniform costs.  |   |   |  | Φ.             | 76.00    |
| filing together, include payments that you make for your spouse's term life insurance. On on to include permitures for life insurance or your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  10. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  21. So not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts hould be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication sprioks for you and your dependents, cut he is pages; call wishold be listed only in line 25.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Additional Expense Deductions  26. These are additional deductions allowed by the Means Test.  27. Note: Do not include payments for basic home telephone itemat and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  26. Health insurance, disability insurance, and health savings accounts though one service. Do not include self-employment expenses allowances is set of in lines 6-24.  27. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  28. These are additional deductions allowed by the Means Test.  29. Note: Do not include any expense allowances is set of in lines 6-24.  29. Health insurance     |     |   | . , ,   | •   | •                                       | ( )  | <b>&gt;</b>    | 70.00    |
| administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, intermet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Additional Expense Deductions  These are additional descriptions allowed by the Means Test.  Note: Do not include any expense and health savings a     | 18. | filing together, include po not include premium                               | payments that you make fons for life insurance on you                                       | r your spouse'                                      | s term life insu                        | urance.  | \$             | 0.00     |
| 20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  2. Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basis home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Additional Expense Deductions  These are additional eductions allowed by the Means Test.  Note: Do not include any expenses allowances issted in lines 6-24.  5. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  1. These are additional eductions allowed by the Means Test.  Note: Do not include any expenses that you will continue to pay for the reasonable and necessa     | 19. | administrative agency,  | such as spousal or child su   | upport paymen                                       | ts.                                     | ,  | \$             | 0.00     |
| as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  2. Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  4. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, business of the production of t     | 20  |   |   | •   | • | · ·  | · <del>-</del> |          |
| ■ for your physically or mentally challenged dependent child if no public education is available for similar services.  1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  2. Description of the child of the       | 20. | _   |   | y ioi educatioi                                     | i tilat is eltrici                      | required.  |                |          |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance by a for the reasonable and necessary of the page of the lines 6-24.  26. Health insurance \$ 0.00  Do you actually spend this total amount?  No. How much do you actually spend?  No.     |     | _   | •   | endent child if i                                   | no public educ                          | ation is available for similar services.                                       | \$             | 0.00     |
| Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 705.00  Disability insurance \$ 0.000  Total \$ 705.00 Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and suppo | 21. | Childcare: The total m  |   |   | •                                       |  | · <u>-</u>     |          |
| 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line?  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expensess, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Nate: Do not include any expenses allowances listed in lines 6-24.  3. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 705.00  Disability insurance  \$ 705.00  Copy total here=>  \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 2.  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such e |     | •   | ts for any elementary or se   | condary schoo                                       | ol education.                           |  | \$             | 0.00     |
| that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  Disability insurance  \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who lence, The reasonably necessary monthly expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection again   | 22. |   | ,   | •   |   | amount that you pay for health care  |                |          |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 705.00  Disability insurance  \$ 705.00  Copy total here=>  \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically iil, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 28 U.S.C. § 529A(b)  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | that is required for the l  | nealth and welfare of you o   | r your depende                                      | ents and that i                         | s not reimbursed by insurance or paid  |                |          |
| services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  **Special One of the expenses allowed under the IRS expense allowances.  Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  **Additional Expense Deductions**  These are additional deductions allowed by the Means Test.  **Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 705.00  Disability insurance  \$ 705.00  Total  \$ 705.00  Copy total here=>  **  **  **  **  **  **  **  **  **  |     | Payments for health ins   | surance or health savings a   | ccounts shoul                                       | d be listed onl                         | y in line 25.  | \$             | 0.00     |
| expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4\$ 0.00  4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.  Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  5 705.00  Disability insurance  5 0.00  Health savings account  705.00  Do you actually spend this total amount?  No. How much do you actually spend?  705.00  No. How much do you actually spend?  705.00  Total  No. How much do you actually spend?  705.00  No. How much do you actually spend?  705.00  106  107  108  109  109  109  109  109  109  109   | 23. | services for you and you<br>business cell phone se<br>production of income, i | our dependents, such as pa<br>rvice, to the extent necessa<br>f it is not reimbursed by you | gers, call waiti<br>ary for your he<br>ur employer. | ng, caller iden<br>alth and welfa       | tification, special long distance, or re or that of your dependents or for the |                |          |
| Add lines 6 through 23.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 705.00  Disability insurance  \$ 0.00  Health savings account  \$ 705.00  Copy total here=>  \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     |   |   |   |   |  | +\$            | 0.00     |
| Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 705.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 705.00 Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$   | 24. |   |   | expense allo  | wances.                                 |  | \$             | 5,629.00 |
| insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 705.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 705.00 Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$   | Add | itional Expense Deduc   |   |   |   |  |                |          |
| Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 705.00 Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  | 25. | insurance, disability ins   |   |   |   |  | or             |          |
| Health savings account  + \$ 0.00  Total  \$ 705.00  Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$   |     | Health insurance  |   | \$  | 705.00                                  |  |                |          |
| Total  \$ 705.00 Copy total here=> \$ 705.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Disability insurance  |   | \$  | 0.00                                    |  |                |          |
| Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Health savings account  | t   | +\$   | 0.00                                    | ٦  |                |          |
| No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Total   |   | \$  | 705.00                                  | Copy total here=>  | \$             | 705.00   |
| Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | _ ` ` ` `   |   |   |   | _  |                |          |
| continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | _   |   | \$  |   |  |                |          |
| safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  | 26. | continue to pay for the of your household or m                                | reasonable and necessary<br>ember of your immediate fa                                      | care and supp<br>amily who is u                     | ort of an elder<br>nable to pay fo      | rly, chronically ill, or disabled member or such expenses. These expenses      | \$             | 0.00     |
| 0.00   | 27. |   |   |   |   |  |                |          |
|  |     | salety of you and your  | iaitiliy ulluci üle i aitiliy vio   | ilence Prevent                                      | ion and Servic                          | ces Act or other federal laws that apply.                                      |                |          |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 49 of 61

| ebtor 1 | Scott Allen Roby   | Case number   | er ( <i>if known</i> )   |                                |                        |       |            |
|---------|--|---|--------------------------|--------------------------------|------------------------|-------|------------|
|         | Additional home energy costs. Your hom line 8.   | ne energy costs are included in your insurance and  | operating                | expens                         | es on                  |       |            |
|         | If you believe that you have home energy of line 8, then fill in the excess amount of home                                 | costs that are more than the home energy costs incine energy costs  | luded in e               | xpense                         | s on                   |       |            |
|         | You must give your case trustee documen amount claimed is reasonable and necess.   | tation of your actual expenses, and you must show ary.  | that the a               | dditiona                       | ıl                     | \$_   | 0.0        |
|         | Education expenses for dependent chile \$160.42* per child) that you pay for your depublic elementary or secondary school. | dren who are younger than 18. The monthly experependent children who are younger than 18 years of                                     | nses (not<br>ld to atter | more th<br>nd a priv           | an<br>ate or           |       |            |
|         | You must give your case trustee documen claimed is reasonable and necessary and  | tation of your actual expenses, and you must explain already accounted for in lines 6-23.   | n why the                | amoun                          | t                      |       |            |
|         | * Subject to adjustment on 4/01/19, and ev   | ery 3 years after that for cases begun on or after th   | e date of                | adjustm                        | ent.                   | \$_   | 0.0        |
|         |  | the monthly amount by which your actual food and or allowances in the IRS National Standards. That are in the IRS National Standards. |                          |                                |                        |       |            |
|         |  | tional allowance, go online using the link specified i so be available at the bankruptcy clerk's office.                              | n the sep                | arate                          |                        |       |            |
|         | You must show that the additional amount   | claimed is reasonable and necessary.  |                          |                                |                        | \$_   | 0.0        |
|         | Continuing charitable contributions. The instruments to a religious or charitable organization.                            | e amount that you will continue to contribute in the fanization. 11 U.S.C. § 548(d)(3) and (4).                                       | form of ca               | ish or fir                     | nancial                |       |            |
|         | Do not include any amount more than 15%  | of your gross monthly income.   |                          |                                |                        | \$_   | 0.0        |
|         | Add all of the additional expense deduc<br>Add lines 25 through 31.  | tions.  |                          |                                |                        | \$_   | 705.00     |
|         | uctions for Debt Payment   |   |                          |                                |                        |       |            |
| le<br>T | pans, and other secured debt, fill in lines  | nent, add all amounts that are contractually due to e   | _                        |                                |                        | Avera | ge monthly |
|         |  |   |                          |                                |                        | paymo |            |
| 33a.    | Copy line 9b here  |   |                          |                                | =>                     | \$    | 0.00       |
|         | Loans on your first two vehicles   |   |                          |                                |                        |       |            |
| 33b.    | Copy line 13b here   |   |                          |                                | =>                     | \$    | 666.85     |
| 33c.    | O 1' 40 - 1  |   |                          |                                | =>                     | \$    | 0.00       |
| 33d.    | List other secured debts:  |   |                          |                                |                        |       |            |
| Nam     | e of each creditor for other secured debt  | Identify property that secures the debt   | inc                      | es paym<br>lude tax<br>nsuranc | es                     |       |            |
|         |  |   |                          | No                             |                        |       |            |
|         | -NONE-   |   |                          | Yes                            |                        | •     |            |
|         | -NONE-   |   |                          | res                            |                        | \$    |            |
|         |  |   |                          | No                             |                        |       |            |
|         |  |   | _ □                      | Yes                            |                        | \$    |            |
|         |  |   |                          | No                             |                        |       |            |
|         |  |   |                          | Yes                            | +                      | \$    |            |
|         |  |   |                          | -                              |                        |       |            |
| 33e     | Total average monthly payment. Add line  | s 33a through 33d \$  | 66                       | 6.85                           | Copy<br>total<br>here= | •     | 666.85     |

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 50 of 61

Scott Allen Roby Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Monthly cure Total cure amount amount -NONE- $\div 60 = $$ Сору total 0.00 0.00 Total 35. Do you owe any priority claims - such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 666.85 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,629.00 expense allowances Copy line 32, All of the additional expense deductions 705.00 Copy line 37, All of the deductions for debt payment 666.85 7.000.85 7.000.85 \$ Total deductions..... Copy total here=>

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 51 of 61

| ebtor 1 SCC   | tt Allen Ro  | oby   |   | Ca   | ise num                     | ber (if known)   |                    |          |
|---|--|---|---|--|-----------------------------|--|--------------------|----------|
| art 2: Do   | etermine Yo  | ur Disposable Income Under 11   | U.S.C. § 132  | 5(b)(2)  |                             |  |                    |          |
|   |  | rrent monthly income from line Current Monthly Income and Ca  |   |  | 1.                          |  | \$                 | 9,866.79 |
| childre<br>disabilit<br>received                      | <ul> <li>The month</li> <li>payments f</li> <li>in accordar</li> </ul> | bly necessary income you receinly average of any child support properties and dependent child, reported in the with applicable nonbankruptcy ended for such child.              | ayments, foste<br>Part I of Form                      | r care payments, or 122C-1, that you                                 | \$                          | 0  | .00                |          |
| employe<br>in 11 U.                                   | er withheld fr<br>S.C. § 541(b   | retirement deductions. The monomy wages as contributions for quoton (7) plus all required repayments C. § 362(b)(19).   | alified retireme                                      | nt plans, as specifie  | d<br>\$                     | 0  | .00                |          |
| 42. Total of  | all deduction  | ons allowed under 11 U.S.C. § 7   | <b>707(b)(2)(A).</b> C                                | opy line 38 here=  | <b>&gt;</b> \$              | 7,000  | .85                |          |
| expense<br>their exp                                  | es and you hoenses. You  | cial circumstances. If special circ<br>ave no reasonable alternative, de<br>must give your case trustee a de<br>documentation for the expenses.                                 | scribe the spec                                       | cial circumstances a   | nd                          |  |                    |          |
| Describe th   | ne special ci  | ircumstances  |   | Amount of exp  | ense                        |  |                    |          |
|   |  |   |   | \$   |                             | -  |                    |          |
|   |  |   |   | \$   |                             | -  |                    |          |
|   |  |   |   | \$   |                             | -  |                    |          |
|   |  |   | Total \$  | 0.00   | Co<br>hei                   | py<br>re=> \$  | 0.00               |          |
| 44. Total ad  | djustments.  | Add lines 40 through 43.  |   | =>   | \$                          | 7,000.85   | Copy<br>here=> -\$ | 7,000.85 |
|   | -  | nthly disposable income under   | <b>§ 1325(b)(2).</b> S                                | Subtract line 44 from  | line 3                      | 9.   | \$                 | 2,865.94 |
| have ch<br>time you<br>you filed                      | anged or are<br>ur case will b<br>d your petition                      | or expenses. If the income in Fore virtually certain to change after the open, fill in the information belon, check 122C-1 in the first column in when the increase occurred, a | he date you file<br>w. For example<br>n, enter line 2 | ed your bankruptcy p<br>e, if the wages repor<br>in the second colum | etition<br>ted in<br>n, exp | n and during the<br>creased after  |                    |          |
| Form  | Line   | Reason for change   |   | Date of change   | •                           | Increase or decrease?  | Amount of cha      | nge      |
| ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 |  |   |   |  |                             | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease | \$<br>\$<br>\$     |          |
| ☐ 122C-1<br>☐ 122C-2                                  |  |   |   |  |                             | ☐ Increase☐ Decrease   | \$                 |          |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 52 of 61

| Debtor 1 | Scott Allen Roby   | Case number (if known)  |
|----------|--|---|
|          |  |   |
|          |  |   |
| Part 4:  | Sign Below   |   |
| E        | By signing here, under penalty of perjury you declare that the information | ation on this statement and in any attachments is true and correct. |
| -        | /s/ Scott Allen Roby Scott Allen Roby Signature of Debtor 1                |   |
|          | February 5, 2018<br>MM / DD / YYYY   |   |

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 53 of 61

Debtor 1 Scott Allen Roby Case number (if known)

#### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 08/01/2017 to 01/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$52,570.09}{\$93,175.59}\$ from check dated \$\frac{7/31/2017}{12/31/2017}\$.

This Year:

Current Year-to-Date Income: \$6,243.47 from check dated 1/31/2018 .

Income for six-month period (Current+(Ending-Starting)): \$46,848.97 .

Average Monthly Income: **\$7,808.16**.

Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 54 of 61

Debtor 1 Scott Allen Roby Case number (if known)

#### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 08/01/2017 to 01/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$14,439.36 from check dated 7/31/2017. Ending Year-to-Date Income: \$24,444.15 from check dated 12/31/2017.

This Year:

Current Year-to-Date Income: \$2,347.00 from check dated 1/31/2018 .

Income for six-month period (Current+(Ending-Starting)): **\$12,351.79**.

Average Monthly Income: **\$2,058.63**.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 58 of 61

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

## RIGHTS AND RESPONSIBILITIES STATEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

Chapter 13 of the Bankruptcy Code gives each debtor ("Debtor") important rights, such as the right to keep property that could otherwise be lost through repossession, foreclosure or liquidation by a Chapter 7 Trustee. Chapter 13 also places burdens on Debtors, however, such as the burden of making complete and truthful disclosures of their financial situation and prompt payments as required by the Plan. It is important for Debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities to the court, the Chapter 13 Trustee and to creditors. Debtors are entitled to expect certain services to be performed by their attorneys, but Debtors also have responsibilities to their attorneys. To assure that Debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Georgia have approved this statement of rights and responsibilities of Debtors and their attorneys in Chapter 13 cases that include, but are not limited to the following, as each case's facts may require more of both Debtor and Debtor's attorney.

#### BEFORE THE CASE IS FILED

#### EACH DEBTOR SHALL:

- 1. Discuss with the attorney the Debtor's objectives in filing the case.
- 2. Timely provide the attorney with full and accurate financial and other information, including, but not limited to:
  - (a) Copies of pay stubs or other evidence of payment received before the date of filing of the petition, as requested by the attorney;
  - (b) Copies of all Federal income tax returns (or transcript of the returns) as requested by the attorney.
- 3. Inform the attorney of any and all prior bankruptcy cases Debtor has filed.
- 4. Provide copies of all bills, notices, statements or communications from creditors, as requested by attorney.

#### THE ATTORNEY SHALL:

- 1. Personally counsel Debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss with Debtor the procedures in both Chapters, as well as non-bankruptcy options, and answer the Debtor's questions.
- 2. Personally explain to the Debtor the requirement of obtaining a certificate from an approved nonprofit budget and credit counseling agency.
- 3. Personally explain to Debtor that the attorney is being engaged to represent Debtor on all matters arising in the case, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 4. Personally review with Debtor and obtain Debtor's signature on the completed petition, plan, as well as the Statement of Financial Affairs, Income and Expenses, and other statements as well as the various schedules (the "Schedules"), and all amendments thereto, whether filed with the petition or later. The Schedules may be prepared initially with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing by Debtor.
- 5. Timely prepare and file Debtor's petition, plan, Schedules, statement of monthly net income, and any other required pleading.
- 6. Explain to Debtor how, when and where to make all necessary payments, including both payments that must be

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 60 of 61

made directly to creditors and payments that must be made to the Chapter 13 Trustee, with particular attention to housing, vehicle, and domestic support obligation payments.

- 7. Advise Debtor of the need to maintain appropriate insurance especially for house and vehicle.
- 8. Inform Debtor of the need to potentially provide attorney with copies of each Federal income tax return (or transcript of the return) for each tax year ending while the Debtor is in the case.

#### AFTER THE CASE IS FILED

#### EACH DEBTOR SHALL:

- 1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income, a photo identification card, and proof of Social Security number. Acceptable forms of proof of identification are: driver's license; government ID; state picture ID; student ID; U.S. passport; military ID; resident alien card. Acceptable forms of proof of Social Security number are: Social Security Card; medical insurance card; pay stub; W-2 form; IRS form 1099; Social Security Administration Report. Debtor must be present both in time for check-in and when the case is called for the actual examination.
- 2. Make the required payments to Trustee and to such creditors as are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 3. Promptly provide attorney, upon their request, evidence of all payments made directly to creditors and Trustee, including amount and date of payment.
- 4. Notify the attorney immediately of any change in Debtor's address or telephone number.
- 5. Inform the attorney of any wage garnishments, liens or levies on assets that occur or continue after the filing of the case.
- 6. Contact the attorney immediately if Debtor loses employment, is "laid off" or furloughed from work or has any significant change in income; experiences any other significant change in financial situation, including serious illness, personal injury, lottery winnings, or an inheritance.
- 7. Notify the attorney immediately if Debtor is sued or wishes to file a lawsuit, including divorce, matters regarding personal or property injury (including any worker's compensation matters), and any other matter in which Debtor is involved in a lawsuit or legal action outside this court.
- 8. Inform the attorney immediately if any tax refunds to which Debtor is entitled are seized or not received when due from the IRS or Georgia Department of Revenue.
- 9. Contact the attorney before buying, refinancing, or contracting to sell real property, and before entering into any loan agreement.
- 10. Complete an instructional course concerning personal financial management prior to receiving a discharge.

#### THE ATTORNEY SHALL:

- 1. Advise Debtor of the requirement to attend the meeting of creditors, and notify or remind Debtor of the date, time, and place of the meeting, in such detail as is helpful or necessary to Debtor's appearance.
- 2. Inform Debtor that Debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide competent legal representation for Debtor at the meeting of creditors, appear in time for check-in and the actual examination and, unless excused by Trustee, for the confirmation hearing.

### Case 18-51884-pmb Doc 1 Filed 02/05/18 Entered 02/05/18 10:12:41 Desc Main Document Page 61 of 61

- 4. If an attorney not employed by Debtor's attorney's law firm (a "contract" attorney) will be attending Debtor's 341 meeting or any court hearing, personally explain to Debtor in advance the role and identity of the contract attorney, obtain Debtor's written permission for the contract attorney to represent Debtor and provide the contract attorney with the file in sufficient time to review and discuss it with Debtor prior to such representation.
- 5. Make all reasonable efforts for the individual attorney who met with Debtor to attend the § 341 meeting or any other court hearing. However, if that attorney is unavailable then an attorney will be present on behalf of the Debtor with knowledge of the Debtor's case and authority to make any modifications to Debtor's plan deemed necessary.
- 6. Timely submit to Trustee properly documented proof of income for each Debtor, including business reports for self-employed debtors, and all required pay advises and tax returns or transcripts.
- 7. Timely respond to objections to plan confirmation, and where necessary, prepare, file and serve amended Schedules or an amended plan.
- 8. Timely prepare, file, and serve any necessary annual financial statements, amended statements and Schedules, and any change of address, in accordance with information provided by each Debtor.
- 9. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact promptly Trustee or Debtor regarding any discrepancies.
- 10. Promptly respond to Debtor's questions through the term of the plan.
- 11. Timely prepare, file and serve necessary modifications to the plan after confirmation, including modifications to suspend, lower, or increase plan payments.
- 12. Prepare, file and serve necessary motions to buy or sell property and to incur debt.
- 13. On or before 60 days after the general bar date, certify the attorney has reviewed claims with Debtor, prepared, filed and served objections to improper or invalid claims and filed claims within 30 days after the bar date for creditors who fail to file claims when such failure will adversely affect Debtor's case or its successful completion and discharge or such failure will adversely affect Debtor after case completion and discharge.
- 14. Timely confer with Debtor and respond to any motion to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase percentage payment to unsecured creditors.
- 15. Timely confer with Debtor and respond to motions for relief from stay.
- 16. Timely prepare, file, and serve appropriate motions to avoid liens.
- 17. Provide any other legal services necessary for the administration of the case.